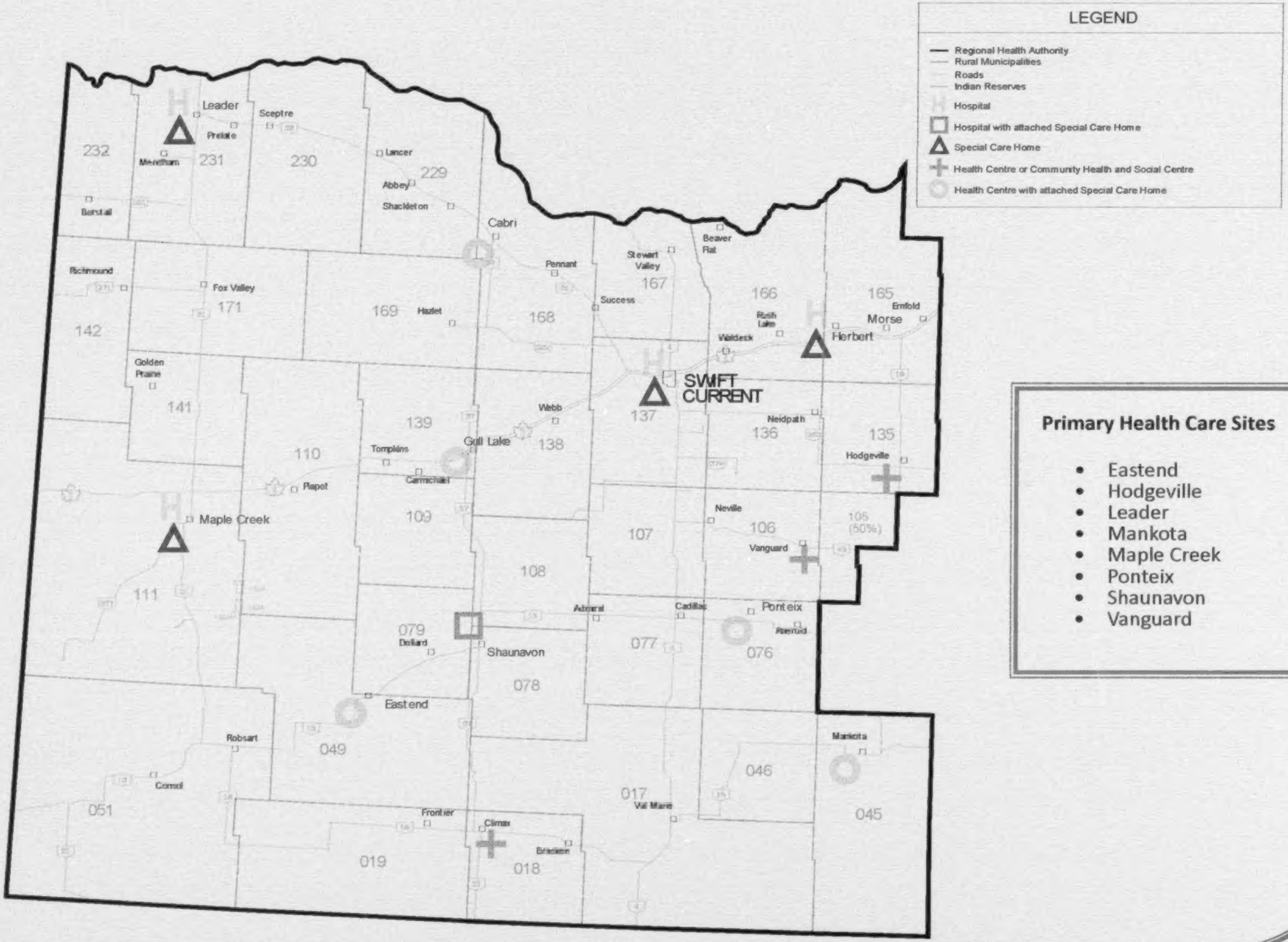
CYPRESS HEALTH REGION

2014
2015 Annual Report

Cypress Health Region


LEGEND
Regional Health Authority
Rural Municipalities
Roads
Indian Reserves
Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
Leader
Sceptre
Prelate
Mendham
Lancer
Abbey
Shackleton
Burstall
Cabri
Richmound
Fox Valley
Hazlet
Pennant
Stewart Valley
Success
Beaver Flat
Rush Lake
Waldeck
Herbert
Morse
Ernfold
SWIFT CURRENT
Golden Prairie
Webb
Neidpath
Tompkins
Gull Lake
Carmichael
Piapot
Hodgeville
Maple Creek
Neville
Vanguard
Admiral
Cadillac
Ponteix
Aneroid
Dollard
Shaunavon
Eastend
Robsart
Consul
Mankota
Val Marie
Frontier
Climax
Bracken
232
231
230
229
142
171
169
168
167
166
165
141
139
138
137
136
135
110
109
107
106
105 (50%)
111
108
079
077
076
078
049
046
045
051
017
019
018

Primary Health Care Sites

- Eastend
- Hodgeville
- Leader
- Mankota
- Maple Creek
- Ponteix
- Shaunavon
- Vanguard

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The Cypress Health Region's
Annual Report to the Minister of Health

For the year ending March 31, 2015
can also be accessed on the region's website:
www.cypresshealth.ca/publications

Cypress Health Region
Swift Current, Saskatchewan

ACCREDITED
October
2013 - 2017

AGRÉÉ
Octobre
2013 - 2017

LETTER OF TRANSMITTAL

TO: The Honourable Dustin Duncan
Minister of Health, Province of Saskatchewan

Dear Minister Duncan:

The Cypress Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2014-15 *Annual Report*. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2015.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the progress and successes that our team of health providers has enjoyed over the 2014-15 fiscal year. Of note, we would like to acknowledge several accomplishments, among many others:

- Continued emphasis on the philosophies and values associated with *Patient Family Centered Care* and the benefits of engaging our patients and their families in our planning efforts;
- Continued research and investment into models of care that will promote a more home-like environment in long term care, and address the negative effects of loneliness and boredom;
- Continued investments in capital project infrastructure – near-completion of the Southwest Integrated Healthcare Facility in Maple Creek, construction of a new 225-bed long term care facility in Swift Current, and the approval of a new integrated healthcare facility in Leader.
- Building, maintaining, and enhancing working relationships with the Region's municipal council partners, educational institutions, and other key stakeholders; and,
- Continued focus on Lean methodology to increase efficiencies and keep the focus on continuous improvement for the patient.

The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing commitment and dedication to quality health care and putting the patients first in everything they do is to be commended.

We appreciate the positive working relationship that exists with the Ministry of Health. Our health provider team looks forward to playing a role in the continued transformational change for the health system, and we are committed to improving access to health services that provide 'Better Health, Better Care, Better Teams, and Better Value' for our residents of southwestern Saskatchewan.

Respectfully submitted,

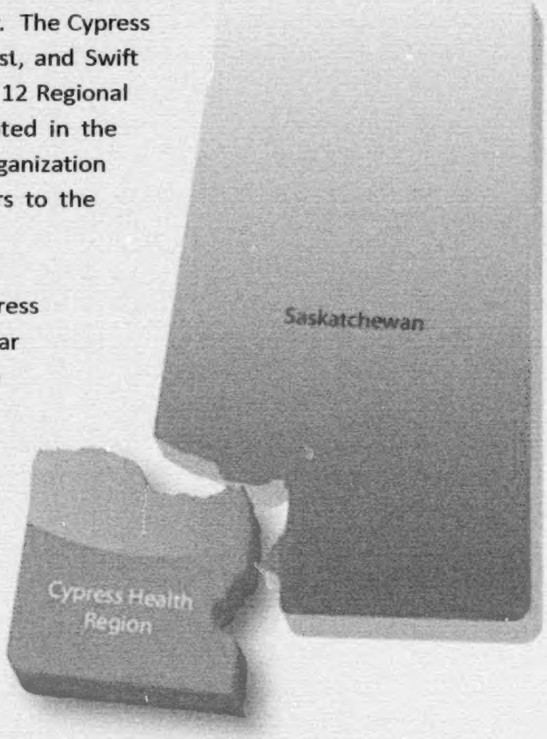
Tyler Bragg
Chairperson,
Cypress Regional Health Authority

2014 2015 INTRODUCTION

The Cypress Regional Health Authority (RHA) was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Cypress RHA assumed operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. Cypress RHA is one of 12 Regional Health Authorities that exist within the province and is located in the southwest corner of Saskatchewan. For most purposes the organization uses 'Cypress Health Region' as its operating name and refers to the governing board as the 'Regional Health Authority'.

The Annual Report to the Minister of Health presents the Cypress Regional Health Authority's activities and results for the fiscal year ending March 31, 2015. It reports on public commitments made and other key accomplishments of the RHA. As per *The Regional Health Services Act*, the preparation of an annual report is a legislated requirement of all regional health authorities in the province.

Results are provided on the publicly committed strategies, actions, and performance measures identified in the Cypress Health Region's strategic plan. This report also demonstrates progress made on RHA commitments.

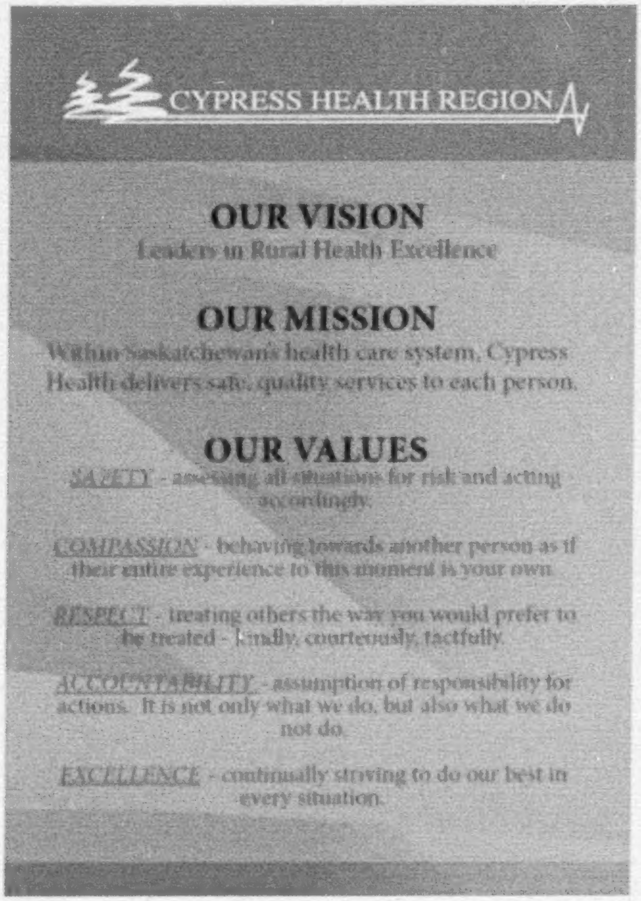


The Cypress Health Region utilizes a variety of daily, weekly, monthly, quarterly, and annual reporting strategies and tools to monitor the performance measures and quality indicators that are an essential part of the strategic direction. These tools include the *Ministry of Health Plan for 2014-15*, the related 5 year provincial health system priorities, and the overarching 'Better' outcomes that are enduring over time; Regional Hoshin Kanri breakthrough initiatives and projects; weekly 'Visibility Wall Walks'; and regular Senior Leadership Team/Regional Health Authority discussions. This monitoring of the Region's performance throughout the fiscal year is based on the most recently available data and information. The Region has fully embraced the Hoshin Kanri strategic planning process.

The 2014-15 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned, and the identification of how to build on past successes for the benefit of the residents within the geographic boundaries of the Cypress Health Region.

2014 2015 ALIGNMENT WITH STRATEGIC DIRECTION

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determining provincial health service priorities, and allocating resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within its geographical boundaries.



CYPRESS HEALTH REGION

OUR VISION

Leaders in Rural Health Excellence

OUR MISSION

Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person.

OUR VALUES

SAFETY - assessing all situations for risk and acting accordingly.

COMPASSION - behaving towards another person as if their entire experience to this moment is your own

RESPECT - treating others the way you would prefer to be treated - kindly, courteously, tactfully.

ACCOUNTABILITY - assumption of responsibility for actions. It is not only what we do, but also what we do not do.

EXCELLENCE - continually striving to do our best in every situation.

During the 2014-15 fiscal year, the Cypress Health Region focused its collective efforts towards the four 'Betters' that are a key element of the provincial system-wide strategic planning and deployment process: Better Health, Better Care, Better Value, and Better Teams.

- Better Health – improve population health through health promotion, protection and disease prevention; collaborating with communities and different government organizations to close the health disparity gap.
- Better Care – in partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.
- Better Value – achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.
- Better Teams – build safe, supportive, and quality workplaces that support patient- and family-centred care and collaborative practices; develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations and links expectations with funding. It complements existing legislation, regulations, contracts, and ministerial directives and policies.

HOSHIN KANRI STRATEGIC PRIORITIES

Hoshin Kanri and the *Lean Management System* are powerful tools for setting targets and reaching goals and have become key elements of the Cypress Health Region's daily operations. The *Hoshin Kanri* process brings individuals, facilities, regions, and the larger health system together to achieve significant breakthrough improvements in eight priority areas. The *Hoshin Kanri* planning process focuses on the four 'Betters' for the people of Saskatchewan.

During the 2014-15 fiscal year the Cypress Health Region focused its efforts on several Hoshin and Outcome projects. These included provincial hoshin projects that focused on *emergency department wait times and patient flow*. As well, the Region supports the Ministry of Health in their identification of eight outcomes that were determined as part of a multi-year plan and are intended to enhance the overall patient experience:

- *Primary health care* - access and chronic conditions;
- *Seniors care* - ensuring seniors can stay in the comfort of their own home for as long as possible;
- *Mental health and addictions* - triage, re-admission rates, long stays, and wait times;
- *Referrals to specialists/diagnostics* - reduced wait times;
- *Emergency department wait times and patient flow* - timely transfers, optimized triage protocols, patient navigation strategies;
- *Appropriateness/best practice* - clinical quality improvements, physician engagement, clinical pathways;
- *Bending the cost curve* - shared services, reduced salary costs via staffing at straight time, Lean efficiencies; and
- *Culture of safety* - safety alert system, stop the line system, 1-2-3 safety management system.

Each Hoshin and Outcome project reflects the provincial approach to continuous improvement and the Cypress Health Region's commitment to health care quality for the people of southwestern Saskatchewan.

In addition to provincial strategic directions, a variety of other organizations and sources are used to provide guidance and direction. These included, among others: Accreditation Canada, the Health Quality Council of Saskatchewan, best practice research and programming from high performing health organizations across the world, feedback from community consultations, and local customer feedback mechanisms.

A variety of external issues, factors, trends, opportunities, and challenges are taken into account when exploring options for strategic direction and the delivery of programs and services. These include an emphasis on putting the patient first, exploring opportunities for quality improvement activities, hearing the voice of patients including the integration of patient and family centered care representatives, the discovery of efficiencies, the creation of a culture of safety, understanding community needs, the exploration of other health care models, and the continual challenge of recruiting and retaining health care professionals and staff.

Along with the many challenges that health care is associated with, there are many opportunities that Cypress Health wishes to take full advantage of. The Health Region is working hard to create a quality working environment for our health care team and, equally as important, we are seeking out new ways to share our expertise and knowledge with patients so that they can make the most of their health and well-being.

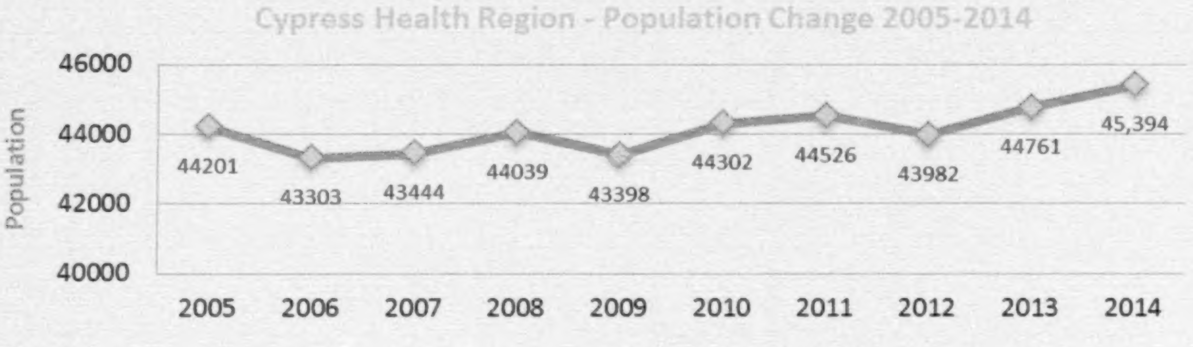
Cypress Health will continue to dedicate the resources available towards the attainment of our strategic vision statement – *'Leaders in Rural Health Excellence'*.

2014 2015 REGIONAL HEALTH AUTHORITY OVERVIEW

As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to 75 rural and urban municipalities in southwest Saskatchewan. The Region is geographically dispersed, stretching north/south from the South Saskatchewan River to the United States of America and east/west from Alberta's eastern border to the Morse/Mankota area.

The Cypress RHA has a current population of 45,394 residents as per the *2014 Ministry of Health Covered Population Report* dated June 30, 2014 (see Appendix 'C' for website information). This population is spread over a land mass of approximately 44,000 square kilometers. The Region has a diverse population including 31 Hutterite communities, equaling approximately 50% of all Hutterite communities in the province, and one First Nations community. Nearly 6% of the Health Region's population is comprised of the Hutterian culture.

The largest communities in the Region are Swift Current (17,990), Maple Creek (3,141), Shaunavon (2,388), Gull Lake (1,394), Leader (1,119), and Herbert (945).



Source: Health Information Solutions Centre, Saskatchewan Ministry of Health, Covered Population

ORGANIZATION STRUCTURE

The Cypress Health Region continues to evolve as an organization and there is need to review the organization's structure on a regular basis. The Region's Senior Leadership Team completed a review during the 2014-15 year and implemented a variety of organization structure changes to realign some services within different departments. Notably, the Region's Executive Directors adopted the same title structure as the majority of other regional health authorities in Saskatchewan and now carry Vice President (VP) titles.

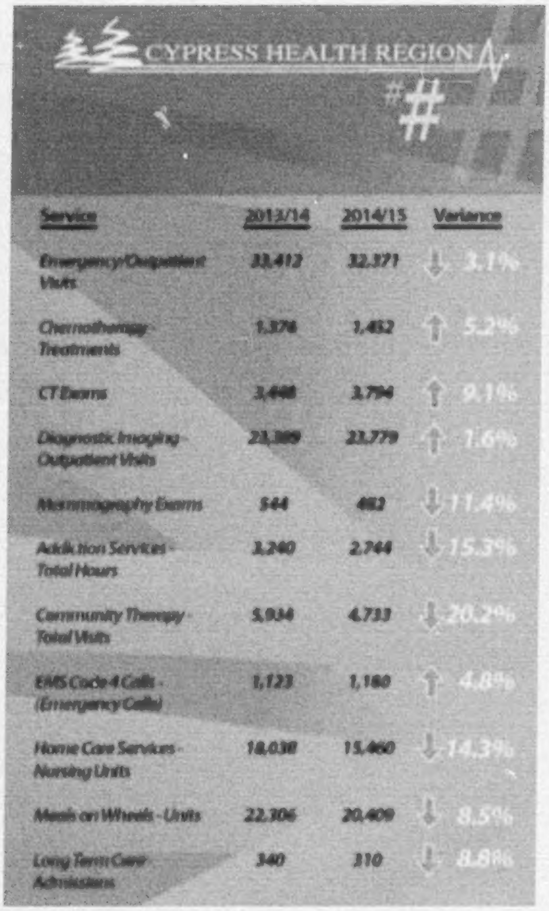
The Region continues to function under the traditional health authority structure where the Cypress Regional Health Authority (RHA) Board is accountable to the broader community, the Chief Executive Officer (CEO) reports to the Cypress RHA Board, and the Vice Presidents report to the CEO. To view Cypress Health's organizational chart and responsibilities of each Vice President please view Appendix A.

SERVICES

As of March 31, 2015 Cypress Health employed approximately 1,700 staff members who provide a wide variety of facility-based and community-based programs and services in the Region's 20 facilities, communities, and individual's homes. The regional office is located in the city of Swift Current which is also home to the Cypress Health Region's only specialized Regional Hospital.

Services provided throughout the Region include: acute care (1 Regional Hospital and 4 Community Hospitals), specialized acute care services (Regional Hospital offers renal dialysis, community oncology, computed tomography, surgery, intensive care, obstetrical, etc.), health centres, primary health care sites, long term care (10 communities with facilities), emergency medical services (23 ambulances in 12 ambulance sites), home care, chronic disease management, mental health and addictions, and population health. Community health services are provided via community facility locations and other buildings. The Region's website (www.cypresshealth.ca) includes more information on the services provided at each facility.

A statistical sampling of service levels provided by the Region in 2014-15 is available in the chart to the right.


CYPRESS HEALTH REGION
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Service	2013/14	2014/15	Variance
Emergency/Outpatient Visits	33,412	32,371	↓ 3.1%
Chemotherapy Treatments	1,376	1,452	↑ 5.2%
CT Exams	3,478	3,794	↑ 9.1%
Diagnostic Imaging Outpatient Visits	23,389	23,779	↑ 1.6%
Mammography Exams	544	482	↓ 11.4%
Addiction Services - Total Hours	3,240	2,744	↓ 15.3%
Community Therapy - Total Visits	5,934	4,733	↓ 20.2%
EMS Code 4 Calls - (Emergency Calls)	1,123	1,180	↑ 4.8%
Home Care Services - Nursing Units	18,038	15,460	↓ 14.3%
Meals on Wheels - Units	22,306	20,409	↓ 8.5%
Long Term Care Admissions	340	310	↓ 8.8%

PARTNERS AND HEALTH CARE ORGANIZATIONS

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents of the Health Region. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the Health Region. HCOs are required to submit audited financial statements and statistical information to the Health Region.

These relationships include:

- ***Foyer St. Joseph*** – affiliate organization; provider of long term care services in the community of Ponteix and are physically integrated with the Region-owned Ponteix Health Centre facility.
- ***Private Ambulance Service Operators*** – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- ***McKerracher Support Services Inc.*** – provider of independent living services for individuals suffering from a long-term mental illness.
- ***Canadian Mental Health Association*** – provider of day programming for individuals suffering from long-term psychiatric disorders.

The Health Region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the Health Region. In addition, monthly program meetings are held between representatives of the organizations and Health Region where joint client case planning is coordinated.

The **Dr. Noble Irwin Regional Healthcare Foundation** is a key partner with the Cypress Regional Health Authority. The Foundation is an independent organization that is managed and governed by a separate management and governance team, and serves as the primary fundraiser for the Region. It works in conjunction with individual and community-based donors to raise and invest funds in capital and educational initiatives that enhance health care services in the southwest corner of the province. Regular discussions are held between the management teams of the Foundation and the Region to coordinate initiatives that meet the strategic directions of both entities. As well, members of the respective Boards meet to ensure that governance issues are maintained.

Additional information regarding the Foundation's partnership with the Region, its successes and initiatives, and ongoing projects can be found by visiting their website at www.drirwinfoundation.com/.

The **Southwest Healthcare Trust** was established to inspire donors and mobilize the southwest community and public at large to materially and financially support the Southwest Integrated Healthcare Facility in Maple Creek. The committee is volunteer based and includes members representing many communities in the area. The Southwest Healthcare Trust has met its goal of raising $3.2 Million towards the new facility. More information on the fundraising efforts are available at www.swhealthcaretrust.ca.

GOVERNANCE

According to *The Regional Health Services Act*, there are to be no more than 12 members serving on the Cypress Regional Health Authority and they are appointed by the Lieutenant Governor in Council. These members (often referred to as 'the Board') represent the diversity of the Health Region from a mixture of rural and urban backgrounds.

As of March 31, 2015 a total of 9 members governed the Cypress Regional Health Authority. These members were announced by the Minister of Health in May 2012 along with the appointment of a Chairperson and Vice-Chairperson. The current members are:

- Tyler Bragg – Swift Current (Chairperson; Member of Executive Committee)
- Ronald Heeg – Swift Current (Vice-Chairperson; Member of Executive Committee)
- Pam Busby – Leader
- Don Lewis – Maple Creek
- Lyle Quintin – Swift Current (Member of Executive Committee)
- Judy Smith – Mankota
- Larry Stephens – Swift Current (Member of Executive Committee)
- Brian Whiteside – Swift Current
- Terry Wilson – Swift Current

CYPRESS HEALTH RE

CYPRESS REGIONAL HEALTH AUTHORITY - BOARD OF DIRECTORS
Back Row (l to r): Lyle Quintin, Don Lewis, Tyler Bragg (Chairperson), Brian Whiteside
Front Row (l to r): Ron Heeg (Vice-Chairperson), Judy Smith, Terry Wilson, Larry Stephens, Pam Busby

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the Regional Health Authorities work in conjunction to ensure coordinated province-wide planning for the health system.

The RHA is responsible for the planning, organization, delivery, and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation, and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority utilizes ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Leadership Team (when required), to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other Region committees including, but not limited to: the Governance Committee and other quality teams, the Ethics Committee, Community Leadership Networks and similar groups, the provincial Governance Committee, and capital project planning committees. Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

Cypress RHA board meeting minutes and scheduled meeting dates are displayed on the Cypress Health Region's website for public access (About Us – Board of Directors). This is another step taken to offer transparency to stakeholders of the Cypress Health Region.

COMMUNITY CONSULTATIONS

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the Health Region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the past, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the 80 municipal councils within the Health Region's boundaries. Discussions have taken place with individual and collective groups of municipal councils from each of the Networks – however, there were no 'formal' complete Network meetings scheduled during the 2014-15 fiscal year.

Targeted discussions will occur at scheduled Network meetings during the next fiscal year that will focus on applicable issues to all of the municipal councils throughout the Region, including the exploration of alternate models of service delivery in rural areas, health professional recruitment/retention, and the strategic priorities of the Region and Ministry of Health.

Instead, the Authority has extensively and successfully utilized a more informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the Region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners. A prime example of these municipal meetings have been the extensive conversations with municipal and community leaders in several communities who are experiencing temporary disruptions of services due to the unavailability of appropriate levels of professional nursing and physician on-call coverage.

During the fiscal year there were extensive consultations held with groups of municipal councils and community champions in relation to the ongoing planning of capital projects in Maple Creek, Swift Current, and Leader.

Community involvement has been a corner stone of the new Southwest Integrated Healthcare Facility in Maple Creek. Patients, their families, and members of the public were involved in the design process of the facility. These stakeholders have remained engaged throughout the construction process and have been consulted on an ongoing basis about the facility's setup and transition.

In Swift Current, patient and family representatives played a large role in determining the design of the new 225 bed long term care facility. Through Lean 3P (Production, Preparation, Process) events, patient reps offered their insights on the conceptual designs and mock-ups were being created. Tours of the mock-ups were available throughout the 2014-15 year and formal public tours of two replica patient rooms are being scheduled for spring 2015 where additional feedback on the design will be collected and considered.

The Region values and continues to build upon its partnership with the Chinook School Division, which has very similar geographical boundaries. Joint discussions and ventures on specific issues are utilized between the two organizations wherever possible on an as-needed basis.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and community stakeholder groups, and former health district-related advisory and trust committees. Specific examples include Emergency Medical Services staff relationships with Emergency Measures Organizations (EMO) across the Region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, Southwest Youth Council, and primary health care staff interactions with communities.

The Health Region has engaged in the Community Planning Process (CPP) in a number of its communities. The process assists communities in creating a vision of what they want to achieve in the next three years, identify health needs of the community, prioritize the identified health needs, and participate in addressing the priority health needs. The Community Planning Process focuses on the Determinants of Health. As of March 31, 2015 the communities of Ponteix and Cabri have been involved with the Region in CPPs. Summary reports have been developed and are available on the Health Region's website at www.cypresshealth.ca/page.php?id=198.

The Region's emphasis on developing and incorporating the philosophies of Patient & Family Centered Care (PFCC) have resulted in a greater involvement of patient/family representatives on many planning committees and discussion meetings. The ability to have viewpoints presented from the perspective of the patient is paramount to the ongoing success of the Region's program and service delivery. During the 2014-15 fiscal year, the Cypress Health Region has 53 registered PFCC representatives that have participated in some form of team/project greatly exceeding 3,100 hours of volunteer. Some of the projects PFCC representatives have been involved with include: rapid process improvement workshops, quality improvement committees, provincial PFCC Guiding Coalition, 3P stop the line and other education events, failure mode and effect analysis, Safety Expo, Hoshin Kanri planning days, and direct involvement at department planning meetings.

"My personal experience involves my husband's journey as a cancer patient. We (I say we, because that's what it felt like) were hospitalized a half dozen times most often at this hospital) for a total of approximately 8 weeks. I am so grateful for the privilege of staying with him. We observed a lot during those 8 weeks. We saw hard working professionals and support staff. We shared some tears and some laughs. We also saw areas where improvements (especially in communication) could be made.

For me, and I believe for many patients and their families, the more knowledge and information we receive, the more in control and safe we feel. "An informed patient is a happy patient".

- **Darlene Dyck**, PFCC Representative

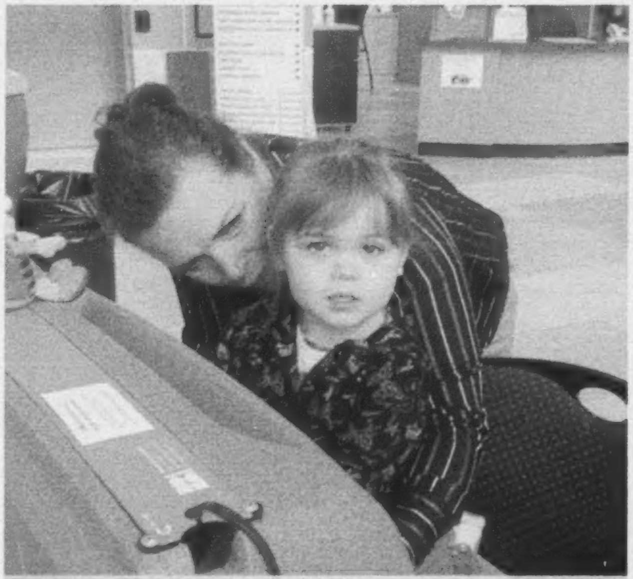
EMERGING HEALTH ISSUES

Emerging health challenges can happen at any location within the Health Region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

The ever-increasing emphasis directed to **chronic disease management** continues to play a role in the Region's program and service delivery both now and into the future. The incidence of chronic diseases including diabetes, cardiac-related diseases, pulmonary infections, asthma, and others are increasing and strategies to combat the risk factors associated with these diseases assist in addressing them. One example is the Region's *LiveWell with Chronic Conditions* program which provides practical suggestions and support to build confidence in coping with every day challenges of chronic conditions.

The Region's ***'Population Health Report'*** (see Appendix C for additional information regarding this resource) provides a better understanding of what the identified major health issues and challenges are. As well, it highlights what residents can do to help optimize their own health and that of their community. Communicable diseases still circulate and chronic disease remains the highest cause of disease and death in the Region. Vigilance in prevention and control of these will be enhanced to enable better health.

The presence of viruses and other illnesses in our facilities and throughout southwest Saskatchewan have had a major impact on the Health Region over the past years. The Region's expanded orientation program has a greater emphasis on the necessities for proper **infection control measures** to be practiced and what to do when faced with an infection control issue. Continued educational awareness of the necessities for proper infection control by our staff and the general public can go a long way in reducing the spread of viruses and illnesses.



STOP!
CLEAN YOUR HANDS DAY
This young girl stopped by the Health Region's booth on display at the Cypress Regional Hospital during STOP! Clean Your Hands Day. The event is acknowledged each year on May 5.

PROGRESS IN 2014-15

During the 2014-15 fiscal year, a system-wide strategic planning and deployment process was identified within the Saskatchewan health system. The *Ministry of Health's Plan for 2014-15* outlines a vision for improving access that provides 'Better Health, Better Care, and Better Value', which focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth element of the vision is that of 'Better Teams' which is intended to strengthen the healthcare workforce to enable the changes required to improve the three other aims.

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Teams

Build safe, supportive and quality workplaces that support client and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

The strategic focus of the Region was adjusted for the 2014-15 fiscal year to mirror the Ministry's priorities as outlined in the *Ministry of Health Plan for 2014-15*. As the Region moves along its transformational agenda with the Ministry and the rest of the province's health system, it continues to be committed to improving access, quality and safety for the residents of southwest Saskatchewan. The transformation agenda includes a series of targets and innovations that puts the patient first in everything that we do, enhancing the culture of patient and staff safety, strengthening primary health care, addressing emergency department waits and patient flow, improving long term care services, and strengthening mental health/addictions services.

The following section provides information and a brief summary on the Region's key results, activities, accomplishments, and outcomes during the 2014-15 fiscal year.

Strategy: Better Health

SYSTEM OUTCOME:

By March 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions [diabetes, coronary artery disease (CAD), chronic obstructive disease, depression, heart failure, and asthma].

By March 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.

By March 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatry services.

SYSTEM IMPROVEMENT TARGET:

By 2017, there will be a 50% improvement in the number of people who say 'I can access my Primary Health Care team for care on my day of choice either in person, on the phone, or via other technology'.

By March 2020, 80% of patients with six common chronic conditions (diabetes, coronary artery disease, chronic obstructive disease, depression, heart failure, and asthma) are receiving best practice care as evidenced by the completion of provincial flow sheets available through approved electronic medical records (EMR) and the EMR viewer.

By March 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.

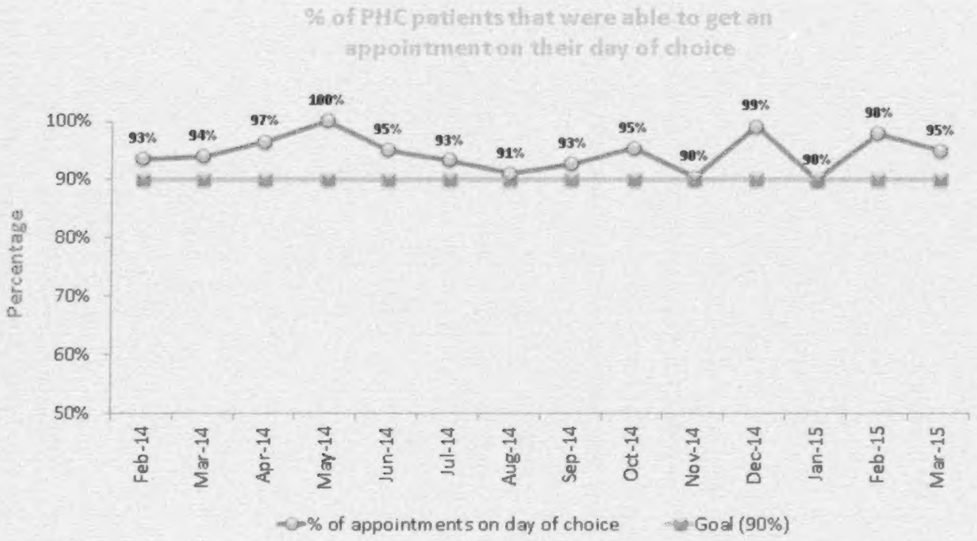
By March 2015, increase home care utilization and clients in the three pilot RHAs by 5%.

By March 2017, wait time benchmarks for mental health and addictions will be met 100% of the time.

Cypress Health Projects/Results:

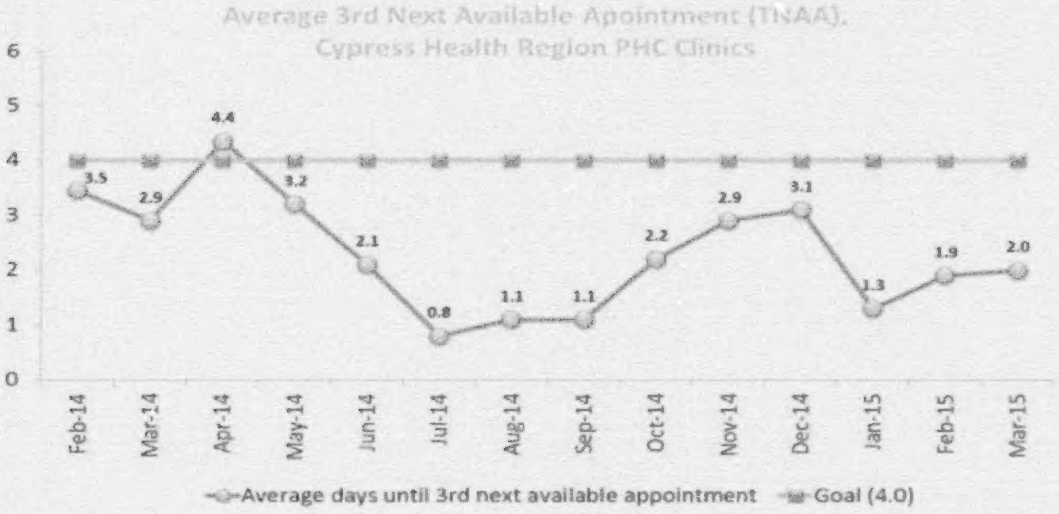
Primary Health Care (PHC) and Chronic Disease Management (CDM) Program Delivery

Access Provider Day of Choice - as part of its commitment to the 5-year outcome target of enhancing access to a primary health care provider, the Region monitored the ability of patients to access an appointment on their day of choice with a PHC team member. As a result of some adjustments to scheduling processes and provider availabilities, the Region's patients witnessed great success with this priority as every month's access meeting or exceeding the target of 90%.



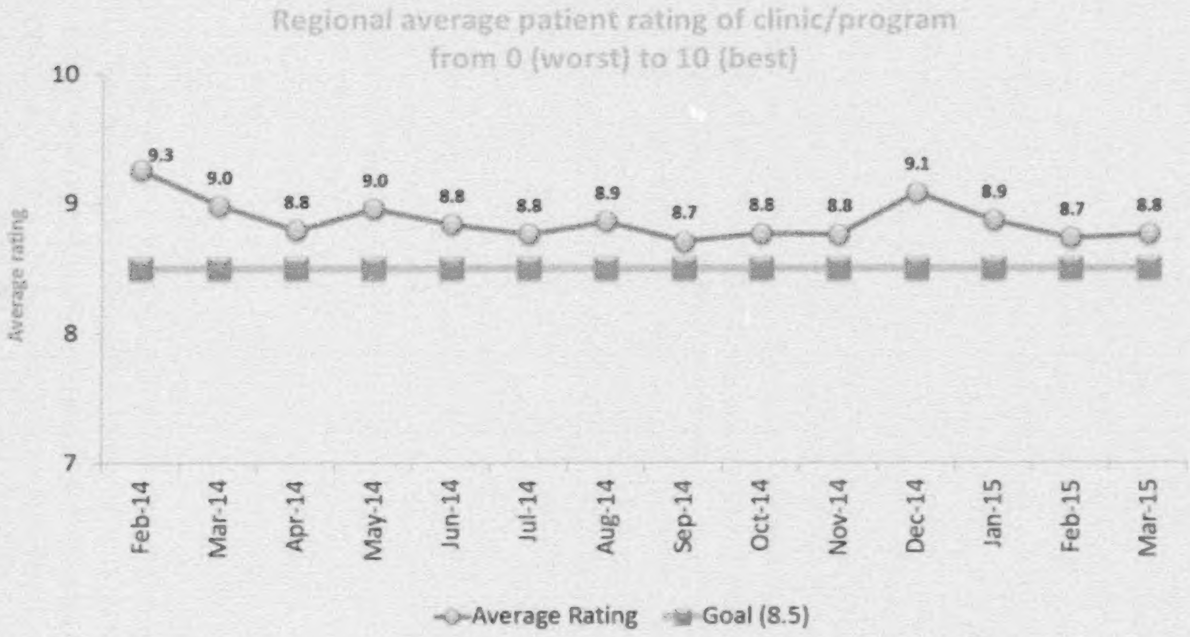
Source: Cypress Health Region, Health Information Department

3rd Next Available Appointment - This metric serves as a Primary Health Care standard for measuring access to see a provider and is the best representation of provider availability. The ability to book an appointment in the first and second time slots available could be the result of last minute changes such as appointment cancellations by other patients.



Source: Cypress Health Region, Health Information Department

Regional average patient rating of PHC clinic/program from 0 (worst) to 10 (best) – the Region set a target for their patient experience as an 8.5/10 when visiting a Primary Health Care clinic or program in 2014/15. Patients were asked at every appointment to provide feedback on their individual experiences. This data was then tabulated by the Health Quality Council of Saskatchewan. The results show that this target was exceeded every month with ratings between 8.7 and 9.3, demonstrating that patients are pleased with the services they are receiving in Primary Health Care.



Source: Health Quality Council

Progressing Primary Health Care Into The Future

Improving/extending access:

- Southwest Integrated Health Facility will operate under the Universal Care Unit philosophy in Maple Creek and is slated to open in June 2015. This will stabilize services and amalgamate health services into one facility. Process flow will be a challenge for the first year as with any new program. Active working groups are established to work through these learning periods.
- Expanding Primary Health Care services to two fee-for-service clinics in Swift Current to provide team based care to Diabetic patients.
- Growing Healthy Families clinic is established. This is a monthly clinic that provides team based care (Pediatrician, Physiotherapy, Mental Health, Dietitians) to children struggling with obesity.

- Extending Midwifery program to provide services in rural Primary Health Care sites and through collaboration with the PHC Case Manager in Leader.

Continuity of care:

- Lean work in Shaunavon to improve clinic flow, physician schedules and improve efficiencies in administrative support.
- Actively promoting, measuring, and improving the Chronic Disease Management-Quality Improvement Program (CDM-QIP).
- Visual Management set-up in all programs with more than 5 staff.
- Visual walls and measure reviews (Patient Experience surveys, Third Next Available Appointments, Utilization) established in all PHC sites.

Patient centered care:

- Patient experience survey established in all sites.
- Chronic disease management, including diabetes programming and physician uptake of CDM-QIP.
- CDM and diabetic education programs.
- Smoking cessation programs.

Engagement:

- Team building: Primary Health Care All Group Meeting being planned for October 2015 to create a new PHC regional vision as Public Health, Public Health Inspection, Dental Health, Parent Mentoring, and Health Promotion have been added to the Primary Health Care portfolio.
- Monthly team meetings are established in all Primary Health Centres.
- Potential radon study collaboration with Medical Health Officer.
- Active community groups currently in Shaunavon, Cabri, Ponteix, Swift Current.

Plans for Integrating Mental Health and Addictions into PHC

- Expanding role of PHC Counselor to provide community mental health sessions in Leader and Maple Creek.
- Setting up telehealth for the PHC Counselor to provide brief services (while patients wait for referral to an appointment with Mental Health Counselor) to Maple Creek and potentially Shaunavon.
- Health promotions supporting Mental Health and Primary Health Care events [i.e. Health Fairs and Preventing Alcohol Risk-Related Trauma in Youth (PARTY) programs].
- Regular meetings between Director of Primary and Public Health and Director of Community Services to discuss programs and opportunities (i.e. completed improved

PHC administrative process for Psychiatrists; developing plan to see if PHC Counsellor can be the Region lead for the Online Cognitive Behavioral Therapy program).
- Participating on Region's Mental Health and Addictions Hoshin.

Plans for Integrating Health Promotion and Prevention into PHC

- Health Promotions moved to Primary Health Care portfolio and will be developing social media promotion programs to target younger populations for preventative care. Community forums tend to attract an older generation. The goals of social media are to engage younger persons where preventative care is at its most effective.
- Community engagement actively taking place in Ponteix, Cabri, and Swift Current.
- CDM and diabetic education programs, Walking 2 a Healthier U.
- Expanding role of PHC Counselor to provide community mental health sessions in Leader and Maple Creek.
- Will be establishing a breastfeeding team to reduce wait times from hospital discharge to Public Health Nurse follow-up.

Research

- Maternal, Infant, Child Health Report – released in the fall of 2014, the report examines risk and protective factors, alongside health outcomes, for all mothers and young children within the Region from 2006-2013. It is intended to bring together evidence from the various research completed and combine it with local findings to equip decision-makers with the information necessary to plan, respond, and improve local services for the betterment of the health and lives of local families. Additional information regarding this report can be found in Appendix 'C'.

Seniors and Long Term Care

Urgent Issues Action Fund – The provincial Urgent Issues Action Fund was created in 2013 to provide $10.4 million to assist health regions to address priority issues in long term care. An additional $3.8 million was provided to manage ongoing pressures. Strategies were developed by the Region to enhance the care that long term care residents and their families receive. During the 2014-15 year, the fund supported the following action plans:

- Investing in creating a more home-like environment for residents and families – capital infrastructure upgrades in seven facilities (Herbert - pictured on next page, Leader, Cabri, Gull Lake, Eastend, Shaunavon, Ponteix). Examples of projects included extensive painting, nursing stations removed, fireplaces, extensive flooring replacements, large television feature walls constructed, new resident room doors, new furnishings, and installation of self-opening doors to exterior patios.

Before

After

HOME-LIKE ENVIRONMENT - FACILITIES RECEIVE UPGRADES

The Health Region invested in creating more home-like environments via capital infrastructure upgrades in a total of 7 facilities. Here, a before and after photo demonstrates the significant improvements that were made and are now being enjoyed by long term care residents.

- Enhanced staffing for nursing-related positions – addition of Nurse B positions which have assisted in developing enhanced safety processes, medication reviews, care conferencing with staff and families, and reducing the use of psychotropic medications where the diagnosis does not warrant the use of such.
- Hiring a one-year temporary Recreational Coordinator to improve activity programming throughout the Region – working with the facility activities and other staff; developing social histories and quality of life care plans for residents; developing a series of 'recreation toolkits' which can be provided and used by various care providers.
- Hiring a one-year temporary Long Term Care Facilitator – objective was to enhance the process for families' involvement in their loved ones care decisions and to implement consistent/regular medication reviews.
- Increasing staff and family knowledge of gerontology related issues – provision of a 'virtual dementia walk tour' to live in the world of someone suffering from dementia; education sessions and training resources for staff in relation to 'resident-centered care in a home-like environment' and best practice models of care that focus on the resident.
- Implementing electronic charting processes to enhance care communication between providers and with family members, reducing staff workloads, and increasing the staff time to provide direct care versus written charting.

STAFF EDUCATION - DR. JENNY BASRAN, GERIATRICS

Cypress Health welcomed Dr. Jenny Basran, Head of the Division of Geriatric Medicine at the University of Saskatchewan, in September 2014 to provide staff education on senior's care. Dr. Basran presented two full days of education to approximately 50 staff members.

Reducing number of patient days of seniors occupying acute care beds awaiting long term care placement or community service support -

The recent addition of a Patient Flow Coordinator position has benefitted the total patient flow through the acute, long term care, and program beds in the Region's facilities. It has provided the opportunity for a more extensive overview of the options available for the transition of patients from acute care beds into other areas. The position has incorporated all aspects of tertiary returns, bed placements, bed flow, and discharge planning.

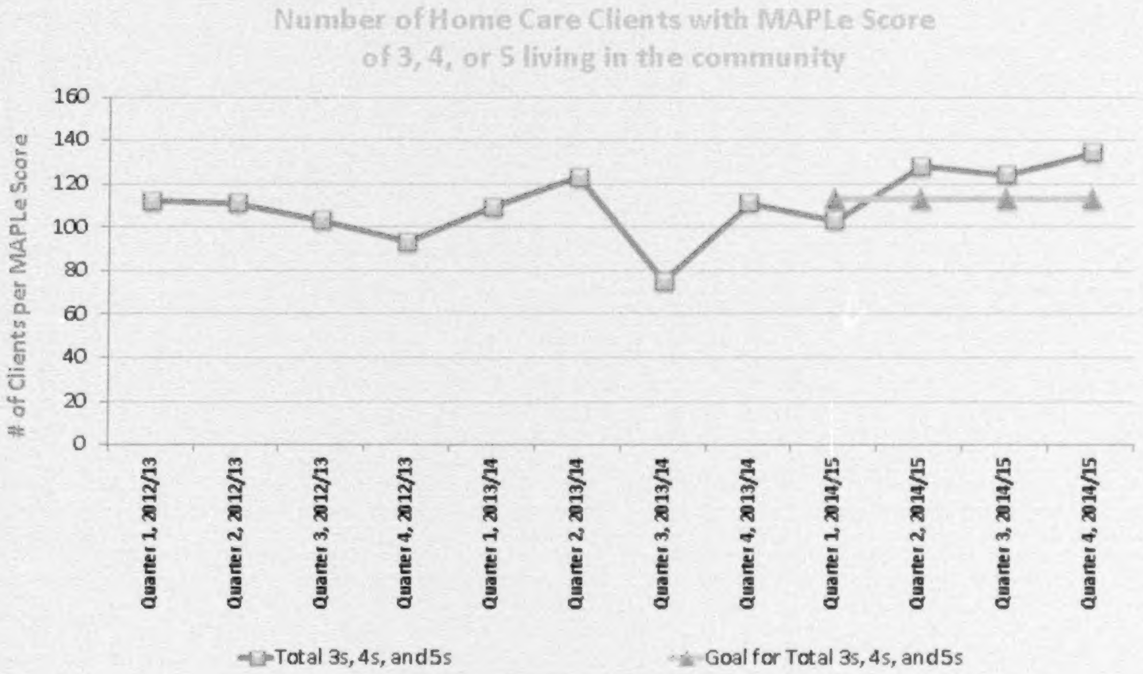
- 97% achievement of surgical patients returning to Cypress Health facilities from tertiary centres within 24 hours of referral (from time of discharge) > frees up beds in tertiary centres. There is an average of 10-15 patients per month.
- Acute care beds occupied by long term care (LTC) residents waiting placement – only 11 patients were identified as those awaiting LTC placement throughout the 2014-15 year, which is a very minimal percentage when considering there are close to 350 presentations for LTC placement to the Coordinator. There has been no identified patients who are awaiting community service supports.

Method for Assigning Priority Levels (MAPLe) -

MAPLe is a tool used by health care professionals to prioritize clients' needs and allocate services accordingly.

- Clients with a MAPLe score of 1 or 2 are generally independent with minimal care needs.
- Clients with a MAPLe score of 3, 4, or 5 have increased impairments which may be physical, cognitive, or a combination of both. This decreases independence thus requiring an increased need for Home Care Services to remain at home as long as possible.

- In the Cypress Health Region there has been a steady increase of Home Care Clients with MAPLe scores of 3, 4, and 5 remaining in their own homes. As a result, there is an increased demand for Home Care services to provide clients and their caregivers adequate and appropriate services to remain at home.
- Home care and the Cypress Assessment and Placement Committee are responsible to ensure that clients are using and maximizing all Home Care services that are available to them prior to being approved for LTC placement. At times there must be creative planning with additional types and amounts of services required to ensure that clients can remain in their home as long as possible.



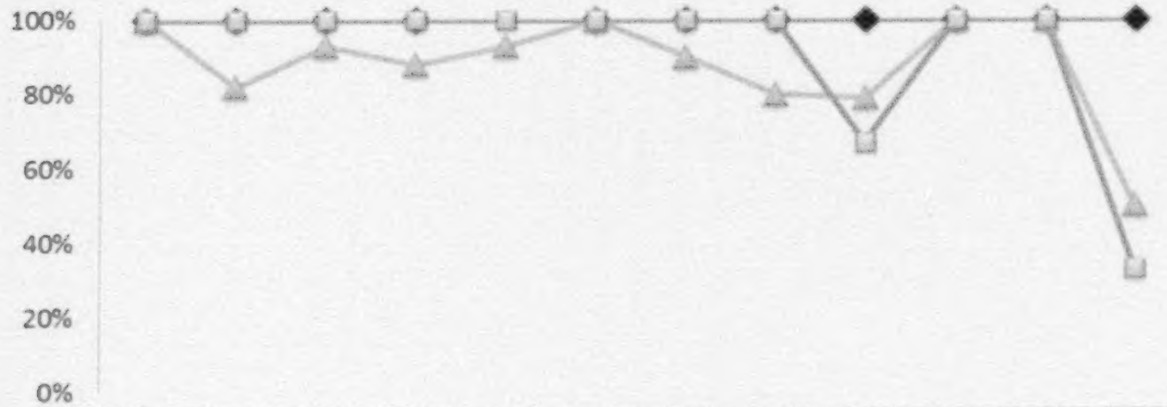
Source: Cypress Health Region, Health Information Department

Mental Health & Addictions

- Cypress Health was the first in the province to implement the suicide prevention framework for mental health and addictions services, and policy/procedure development has been used as a template for others. Education was provided to internal providers including emergency department and long term care staff.

- During 2014-15, efforts were made to develop draft clinical pathways for education/information for the two largest areas of service delivery (anxiety and depression). As well, development of standard work for screening and assessment tools, as well as a 30/60 day audit tool was in the planning.
- Readmissions to the mental health inpatient unit are very rare and are typically associated with clients choosing to discharge themselves earlier than advised by their clinical practitioners.
- Ministry-determined benchmarks for wait times to see mental health and addictions clinicians are being met without much difficulty, which was accomplished via the developed guidelines of service and improvement in standards for clinical supervision.

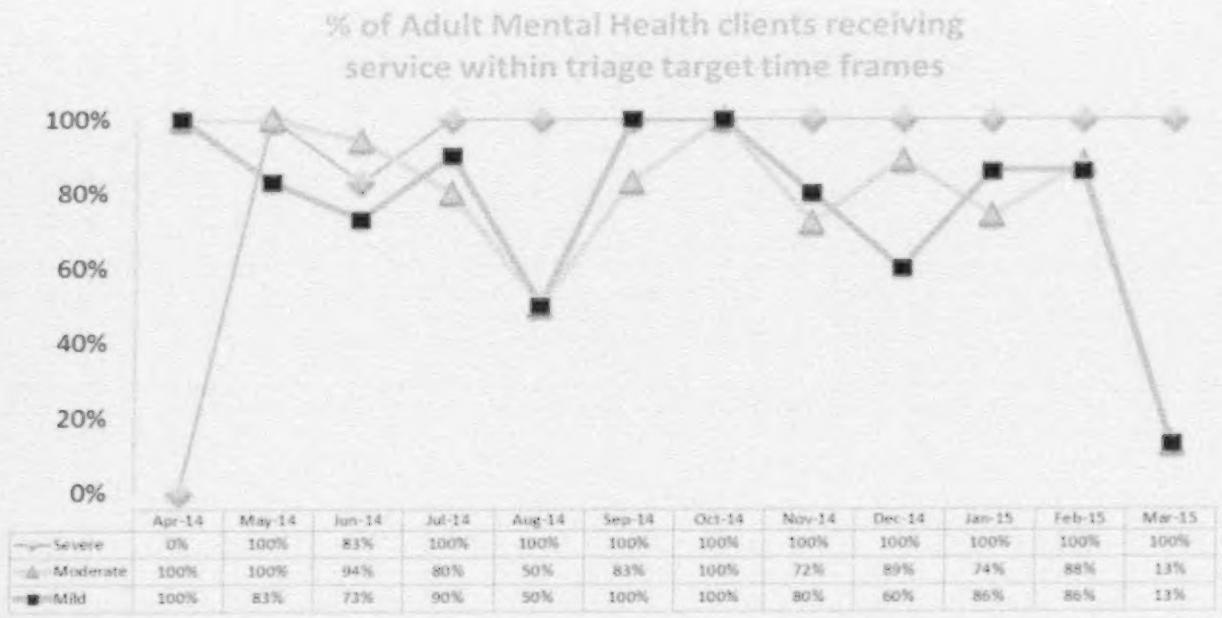
% of Child and Youth Mental Health clients receiving service within triage target time frames



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
◆ Severe	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%
▲ Moderate	100%	82%	93%	88%	93%	100%	90%	80%	79%	100%	100%	50%
■ Mild	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	33%

Goal: 100%

Source: Cypress Health Region, Health Information Department



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Severe	0%	100%	83%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Moderate	100%	100%	94%	80%	50%	83%	100%	72%	89%	74%	88%	13%
Mild	100%	83%	73%	90%	50%	100%	100%	80%	60%	86%	86%	13%

Goal: 100%

Source: Cypress Health Region, Health Information Department

Strategy: Better Care

SYSTEM OUTCOME:

By March 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

By March 2017, no patient will wait for care in the emergency department.

By March 2018, there will be a 50% reduction in inappropriate services.

SYSTEM IMPROVEMENT TARGET:

By March 2015, a provincial model is developed for appropriate referral to diagnostics and specialists in one or two clinical areas.

Maintain the number of Alternate Level of Care days (waiting placement) across the province and in each region at no more than 3.5% of total.

By March 2015, 50% reduction in emergency department waits.

By March 2015, develop a provincial appropriateness framework strategy, implementation plan, and accountability.

By March 2015, data analysis and reporting mechanisms are in place to capture and analyze baseline data that flows back to the point of care.

***SYSTEM HOSHIN** (2014-15 Breakthrough Improvement Goal):*

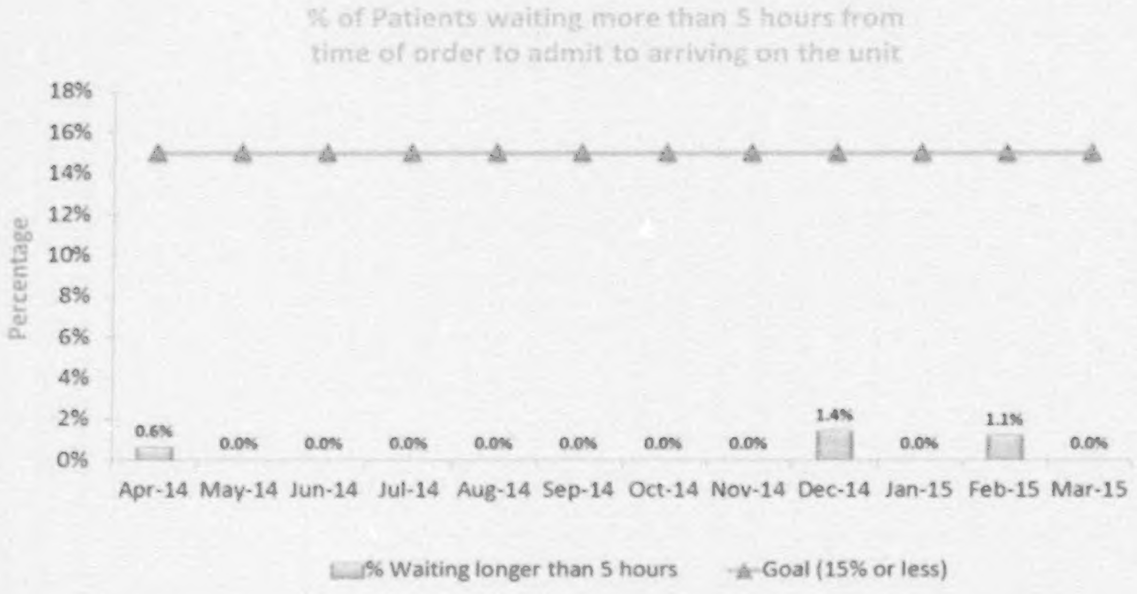
At least 85% of patients requiring admission from emergency department are admitted to an appropriate bed within 5 hours.

Cypress Health Projects/ Results:

Emergency Department Waits

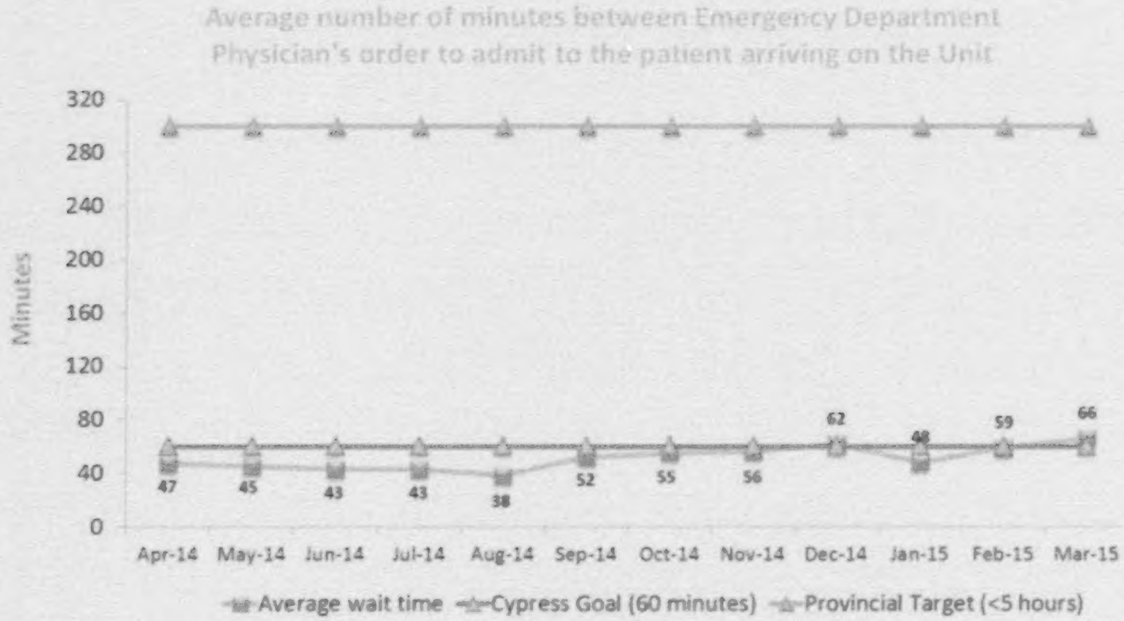
The Region has taken a proactive stance in regards to the 5-year improvement targets and has collected data for several metrics to gauge the existing wait times within this department.

- At least 85% of patients requiring admission from emergency department are admitted to an appropriate bed within 5 hours – the Region has measured this Hoshin breakthrough improvement metric throughout 2014-15 and has determined there is no concern with meeting the target. As a result of the observations, there have been opportunities identified to further improve this wait from the time the physician's order is written for admission to the time the patient arrives on the respective unit.



Source: Cypress Health Region, Health Information Department

- Cypress Health target was to ensure that no patient waited longer than 60 minutes in the emergency department once the admission orders had been written by the physician. This target has been maintained during the fiscal year.



Average number of minutes between Emergency Department Physician's order to admit to the patient arriving on the Unit

Source: Cypress Health Region, Health Information Department

The Region initiated the collection of data in relation to wait times associated with computed tomography and ultrasound testing during the year, and attempted to focus on the number of patients waiting and the number waiting longer than the recommended time frames for Level 1-4 patients. However, similar to other health regions throughout the province, the department faced significant recruitment challenges for ultrasound technicians which did not allow for a consistent staffing pattern to provide timely access to services. Plans have been made to focus on the collection of additional information for diagnostic testing access during the 2015-16 fiscal year, to determine a higher level of confidence in the data collected.

Sooner, Safer, Smarter Surgical Care

Although the four-year Saskatchewan Surgical Initiative is formally completed, the Region continues to monitor its surgical program's effectiveness and ability to provide timely and safe surgical programming.

- *Surgical safety checklist* – since its inception in the Region in 2011, the utilization of this checklist has become a standard practice in the operating theatres. The monthly completion rate over the fiscal year ranged from 97.3% – 100%, with 9 of the 12 months exceeding 99% completion rate.
- *Completion of surgical procedures for patients diagnosed with cancer or suspected cancer within 3 weeks* – target of 100% completion was met in 7 of 12 months, with the remaining 5 months witnessing one patient per month until the goal. There are a variety of reasons behind any delay

including patient preference of surgery date, patient health condition preventing surgery, and incomplete/unavailable pre-surgical testing.

- *Waiting more than 3 months for surgery* – over the entire 12 month period, only 1 surgical patient (personal choice) waited longer than 3 months.

Strategy: Better Value

SYSTEM OUTCOME:

By March 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth rate by 1.5% per year.

By March 2017, all infrastructure (information technology, equipment, and facilities) will integrate with provincial strategic priorities, be delivered within a provincial plan, and adhere to provincial standard work.

SYSTEM IMPROVEMENT TARGET:

By March 2015, shared services will achieve measurable improvements in quality while achieving the $100 million in cumulative savings.

By March 2015, the 2014-15 approved business cases for shared services will be presented for feedback and implemented once a final decision is made and an implementation plan is in place.

By March 2015, we will have spent 1% less on straight time worked hours and premium hours than in 2013-14, resulting in approximately $20 million savings to the system.

By March 2015, equipment and facility renewal planning processes will be developed to ensure a coordinated and integrated provincial approach.

Cypress Health Projects/Results:

3sHealth 2014-15 Shared Services Report

3sHealth provides province-wide shared services to support Saskatchewan's health care system. Working together with its partners, 3sHealth finds innovative solutions to complex problems to help create a sustainable system for future generations. The shared services provided include payroll processing and employee benefits administration for over 42,000 health care system employees, as well as joint contracting for goods and services. 3sHealth assists in identifying and providing new share service opportunities to support better health, better care, better value, and better teams.

In alignment with their values and together with health regions and Saskatchewan Cancer Agency, 3sHealth celebrated the following key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the healthcare system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with the Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long term care units.
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the health care system.

3sHealth explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solution that improve care for patients and their families.

Information Management (I.M.), Information Technology Infrastructure

During 2014-15, Cypress Health's Information Systems department made preparations to further align with provincial technologies and standards. Intense planning was undertaken with SaskTel to find a cost-effective delivery, support, and maintenance model for Voice Over IP telephony (VOIP). A SaskTel-hosted solution model was chosen and will be implemented in the new integrated health facility in Maple Creek.

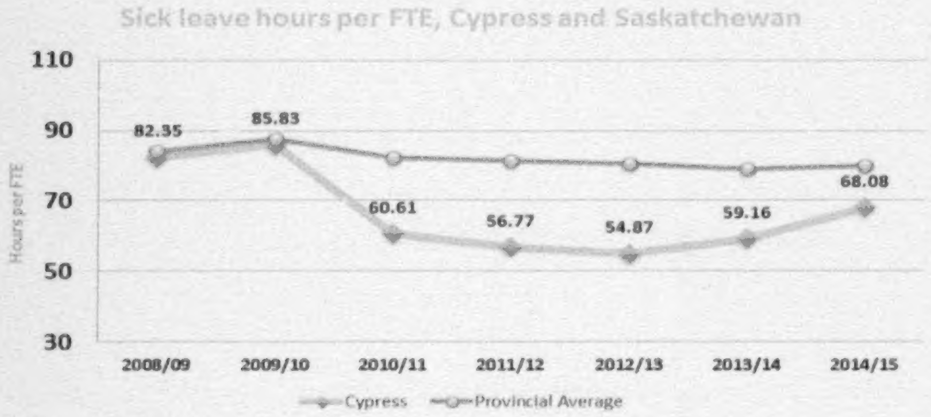
Selection, purchase, and training of a new long term care electronic charting solution was completed during the fiscal year. Infrastructure to support the charting solution (wireless networks, wall mounted all-in-one computers, and mobile computing carts) was also selected, purchased, and installed at seven facilities throughout the Region. Implementation is scheduled to begin in summer 2015.

Information Systems spent the last quarter of 2014-15 preparing and planning with eHealth Saskatchewan to transition the Region's IT Help Desk services to the eHealth Service Desk.

Hours of Sick Time per FTE

The Region received a target of 56.77 sick hours per FTE (full time equivalent) for the 2014-15 fiscal year. Following previous years of setting the provincial benchmark with the lowest number of sick hours per FTE, the Region remained in the lowest three health regions with 68.08 sick leave hours per FTE in 2014-15. This rate is well below the provincial average of

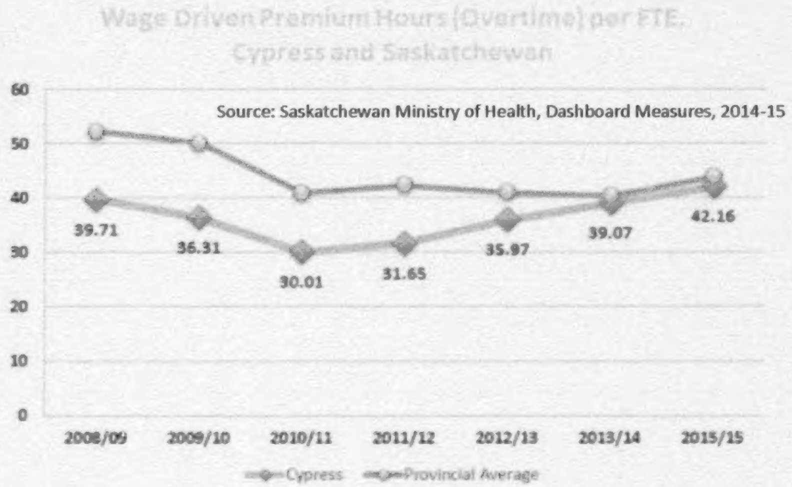
79.86 sick hours per FTE. However, the Region witnessed a significant increase of 8.92 sick hours per FTE when compared to 2013-14, which directly created additional challenges for wage-driven premium increases and recruitment of sufficient replacement staff. Over $2.4 million in sick leave costs were paid to Cypress Health employees during the 2014-15 fiscal year, or $92,642 per bi-weekly pay period.


Sick leave hours per FTE, Cypress and Saskatchewan

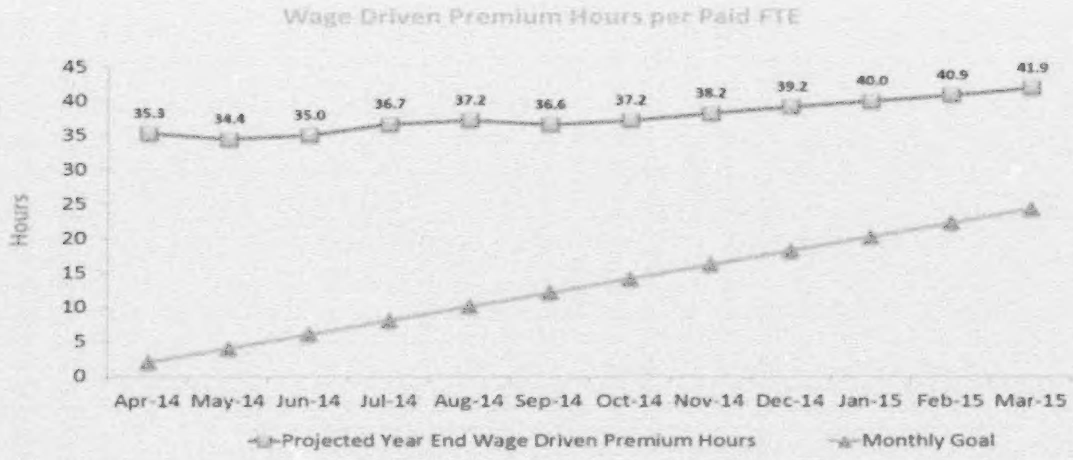
Source: Saskatchewan Ministry of Health, Dashboard Measures, 2014-15

Hours of Wage-Driven Premiums per FTE

The Ministry's target for wage-driven premium hours (i.e. overtime, other) was 24.31 hours per FTE in 2014-15. Cypress Health realized a rate of 42.16 hours per FTE, which is slightly below the provincial average of 43.84 hours per FTE. The top five causes of the premiums were identified as sick (see below) and WCB coverage, vacancies, workload increases, family leave coverage, and bereavement leave coverage. An identified challenge for the reduction of wage-driven premium hours is the ongoing sustainability of existing rural emergency outpatient services in the region's four community hospitals. An offsetting factor of maintaining the service on an ongoing basis is the necessity to utilize wage-driven premiums to constantly staff the service.

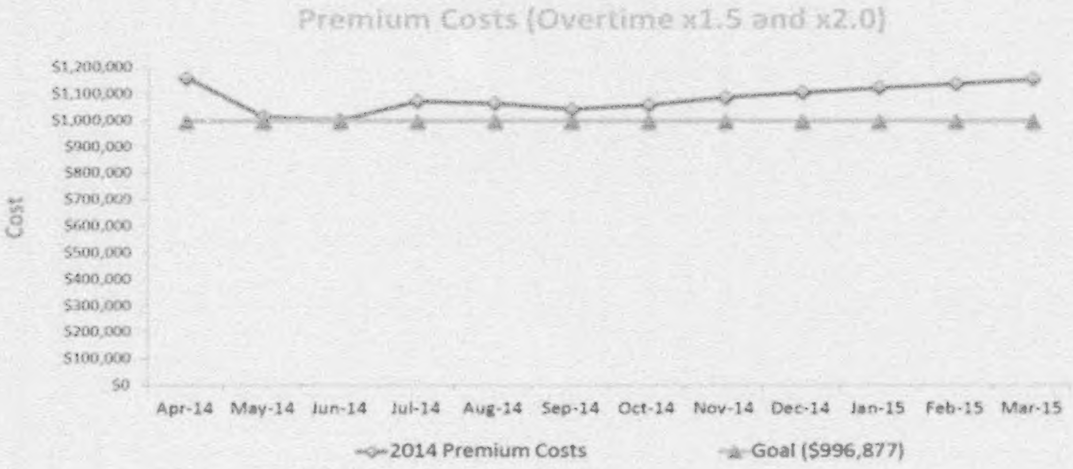

Wage Driven Premium Hours (Overtime) per FTE, Cypress and Saskatchewan

Source: Saskatchewan Ministry of Health, Dashboard Measures, 2014-15



Source: Cypress Health Region, Payroll Department

During 2013-14, over 16,000 hours of sick replacement were filled at premium rates. This increased to 17,545 hours of sick replacement at premium rates during the 2014-15 fiscal year. In addition to sick time utilization increases, the wage-driven increases are related to higher staff turnover which cause frequent vacancies, and difficulty attracting individuals into hard to recruit positions.



Source: Cypress Health Region, Payroll Department

In attempting corrective strategies to address the increases in sick time and wage-driven premiums, the Region hired a temporary part-time Attendance Support Coordinator to work with managers by monitoring sick leave banks, patterns of sick time, and meeting with managers/staff. As well, standard work was created to reduce the number of unpaid leave of absences to ensure that there was a proper allocation of time off.

Capital Project Planning

The Region is in the midst of three capital projects, each of which is in different phases of completion. Each project has seen extensive consultation with patients, residents, family members, patient/family representatives, staff, physicians, and community members during the planning and design phases. Additional information on each of the capital projects, including construction site real-time cameras and animated videos of the facility designs, can be found by visiting the Region's website at www.cypresshealth.ca/page.php?id=199 (see Appendix 'C').

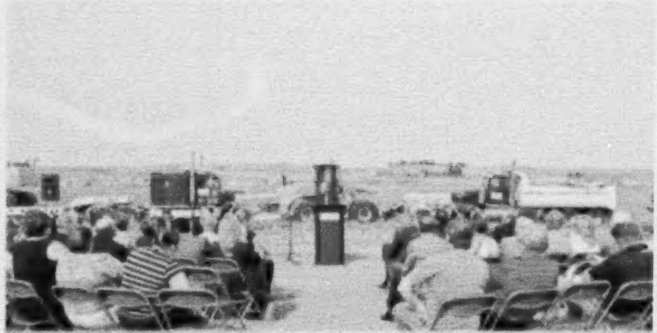
Southwest Integrated Healthcare Facility, Maple Creek – the newest health facility in southwest Saskatchewan is set to open its doors to the public in June 2015, with acute care and universal care unit programming to be available to the community and surrounding areas. Long term care services are anticipated to transition from the current Cypress Lodge to the new facility in mid-summer 2015. Health services will be provided under one roof and the facility will be home to 48 long term care beds, 24 acute care beds, 16 patient clinic rooms for primary health care physicians and nurse practitioners/community health services/home care/and visiting specialists, a 3-bay drive through ambulance centre, and enhanced technology to provide additional options for service access via telehealth and video conferencing.

Swift Current Long Term Care – construction of the new 225-bed facility began in the fall of 2014, and is anticipated to be completed in April 2016. The facility's model of care will focus on the provision of a more home-like atmosphere where the residents and their families are offered additional choices on their daily living routines while living in smaller 10-bed houses that offer a more comfortable environment. The new facility will be physically attached to the Cypress Regional Hospital, providing a health campus in the north-east corner of Swift Current.

Leader Integrated Facility – the Region's latest capital project announcement will result in all health care services being provided under one roof, versus the existing four facilities that provide acute care, long term care, primary health care, and ambulance programming. Construction will occur at the site of the current Western Senior Citizens Home which itself will be renovated to add a third 'house' for long term care (32 beds total), while new space will be allotted for acute care (6 beds), universal care, primary health care clinic, community services and home care, and a 2-bay drive through ambulance centre. Construction is anticipated to begin in October 2015 and the facility is anticipated to open its doors during the fall of 2016.

CAPITAL ANNOUNCEMENT - *LEADER RECEIVES EXPANSION*

Excitement filled the air in Leader, SK on September 22, 2014 as Minister of Health Dustin Duncan stopped by to announce a $12 Million expansion/renovation to the existing Western Senior Citizens Home. The project will conveniently combine all of the community's health services under one roof.



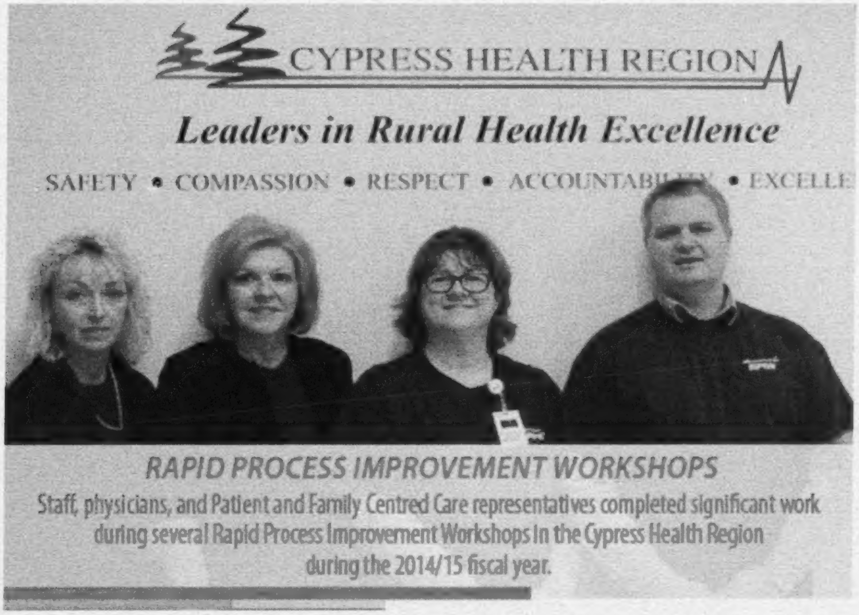
CONSTRUCTION · *NEW 225-BED LONG TERM CARE FACILITY*

Premier Brad Wall, Minister of Health Dustin Duncan, and other dignitaries were on-hand at a sod turning event in Swift Current on September 18, 2014. The event officially marked the beginning of construction of a new 225-bed long term care facility in Swift Current.

Progressing in Continuous Quality Improvement

The Region is fully supportive of efforts and initiatives that promote continuous improvement and enhance safety for our patients and staff members. The introduction of Lean has been well-received and its customer-focused approach puts the needs of the patient at the forefront and aligns very appropriately with our primary strategic objective. Lean strategies and processes have the ability to improve the work life of our staff and increase their ability to provide their valued input into day to day processes.

- *Lean Leader certification* – a total of 23 Cypress Health representatives are currently participating in the Lean Leadership program and are in varying stages of their certification process. Twenty of these have completed all requirements necessary for certification.
- *During the 2014-15 fiscal year, a total of 55 Lean events hosted with 803 participants* – 21 Kaizen Basics courses (438 participants), 12 Rapid Process Improvement Workshops (109 participants, and included planning efforts for capital projects in Maple Creek and Swift Current), 8 x 5S events (27 participants), 1 x 3P event (22 participants), 12 Daily Visual Management workshops (173 participants), and 1 kanban event that hosted 34 individuals from the province and implemented kanban in four areas at the Cypress Regional Hospital.
- *Mistake proofing projects* – as part of the Lean educational process, Lean Leaders review specific health service processes that have the potential for errors and negative outcomes. These multi-disciplinary projects aim to prevent defects by eliminating the opportunities for errors to occur. The Region's staff have worked on processes relating to the reduction of bath tub incidents in long term care, prevention of medication errors, recognition and reporting of urinary tract infections in long term care, elimination of defects in the utilization of bed alarms in long term care, and the elimination of defects in the collection and entry of allergy information into primary health care clinics' electronic medical records.


CYPRESS HEALTH REGION
Leaders in Rural Health Excellence
SAFETY • COMPASSION • RESPECT • ACCOUNTABILITY • EXCELLE

RAPID PROCESS IMPROVEMENT WORKSHOPS

Staff, physicians, and Patient and Family Centred Care representatives completed significant work during several Rapid Process Improvement Workshops in the Cypress Health Region during the 2014/15 fiscal year.

Strategy: Better Teams

SYSTEM OUTCOME:

To achieve a culture of safety, by March 2020, there will be no harm to patients or staff.

SYSTEM IMPROVEMENT TARGET:

By March 2017, fully implement a provincial Safety Alert/Stop the Line System.

By March 2015, 'Stop the Line' will be replicated in three acute care facilities in Saskatoon and one other agency or region.

By March 2016, there will be zero shoulder and back injuries.

Cypress Health Projects/Results:

Safety Alert System/Stop the Line Readiness

The Regional Safety Team's monthly meetings have included planning and discussing the various strategies associated with the future rollout of these provincial initiatives. It has been determined that there is an opportunity to combining the Safety Alert System, patient/staff safety, and Stop the Line processes together into a Safety Management System (SMS). The

Region's Director of Occupational Health & Safety continues to participate in the provincial planning committee for a consistent implementation of these safety systems.

A proposed partnership project with the Saskatchewan Association for Safe Workplaces in Health (SASWH) has been put into action for the 2015 -16 fiscal year. A SASWH audit tool will be implemented in June 2015 at the Cypress Regional Hospital and then rolled out to other facilities and programs throughout the Region, which will provide an initial look at the culture of safety that is present within our environments. At that point, further strategies can be implemented to efficiently roll out the SMS throughout the Region.

- Cypress Regional Hospital was chosen as the initial audit site due to the facility having the highest number of injuries – 35 of 86 WCB claims, of which 15 were for lost time. The highest opportunity for overall Region success can be achieved with an appropriate culture of safety in this facility. SASWH will begin training with the Hospital's Occupational Health & Safety Committee members and then continue onto the audit process.
- The audit and SASWH partnership is also applicable to standards set out by the Region's (and provincial health system's) insurance carrier (HIROC) and those of Accreditation Canada.

Safety Expo

The Safety Expo was initiated to physically display and demonstrate the importance that the Cypress Health Region places on safety. It once again featured an emphasis on what the Region is doing to protect the safety of its staff, patients, and residents, while also demonstrating new safety techniques and equipment.

This year, barbeque fundraisers were held on both days with proceeds being donated to the Dr. Noble Irwin Regional Healthcare Foundation and STARS Air Ambulance.

More than 35 displays, exhibits, and demonstrations were available to those that attended and included a STARS Air Ambulance, mock texting and driving simulations, safety vendors, regional safety displays, and much more. More than 600 general public and staff participated in the 2-day event.

SAFETY FOCUS - *EVENT DRAWS 600+*

More than 500 staff and public attended the Health Region's Safety Expo in September 2014. Here, a group of students attended the Expo and observed a mock crash scenario that demonstrated the dangers and implications of texting while driving.

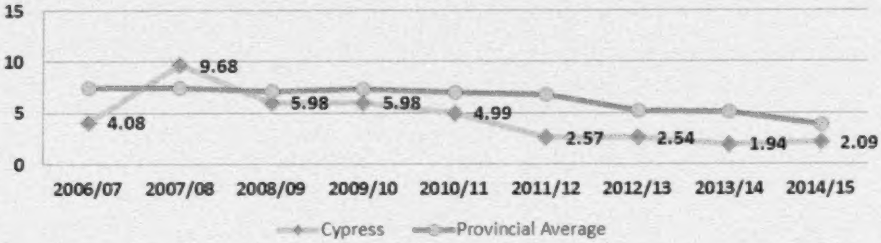
SAFETY LOGO DESIGN - *SAFETY IS OUR FIRST PRIORITY*

Leading up to the 2014 Safety Expo the Cypress Health Region held a safety logo design contest. Staff member Brenda Graves of Cabri created the winning design that features a variety of important and symbolic safety elements. The logo is now being used throughout the Health Region.

Workers Compensation Board (WCB) Lost-Time Injury Claims

Following a continual downward trend of WCB claims per 100 FTEs over the previous six years, Cypress staff realized a slight increase during 2014-15. An amount of 2.09 claims per 100 FTEs was realized, which remains far below the provincial average of 3.83 claims. Cypress Health's rate was the second lowest among the other health regions, who collectively witnessed lost-time claim rates between 1.56-4.76 claims per 100 FTEs. The Region filed 2.09 'no time loss' claims per 100 FTEs compared to the provincial average of 3.59, which continues to be reflective of the Region's strong reporting culture.

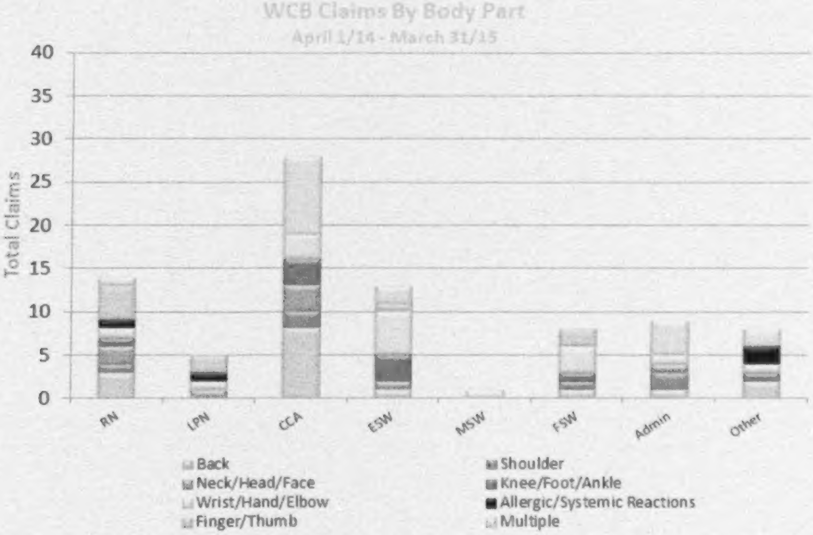
Number of lost-time WCB claims per 100 FTEs, Cypress and Saskatchewan



Source: Saskatchewan Ministry of Health, Dashboard Measures, 2014-15

Notwithstanding this year's minor increase, the Region had successfully decreased its WCB claims per 100 FTEs for six consecutive years by utilizing a number of strategies such as same day or next day return to work when possible, modified duties for each job description, and enhancing the role of Occupational Health and Safety (OH &S) committees in each facility that play a role in addressing specific workplace injury trends. The Region has the capacity to conduct internal ergonomic assessments to facilitate the prevention of injuries before they happen, and functional capacity assessments to ensure a successful transition back to the work place. There has also been significant education to physicians to assist them with understanding their role in the return to work process.

The Region experienced a total of 86 WCB claims during the 2014-15 year which was significantly above the target of fewer than 30 total claims. Within the total number of claims filed, 16 were in response to back-related issues and 6 for shoulder-related issues.



Source: Cypress Health Region, Ability Management Department

Immunize or Mask Policy Implementation

The requirement to be immunized or wear a mask is part of a new province-wide 'Influenza Immunize or Mask Policy' in effect in all Saskatchewan health regions and the Saskatchewan Cancer Agency. The policy, as recommended by the Medical Health Officers for the Province of Saskathcewan, applies to all health care staff and members of the public who come into hospitals, long term care facilities, primary health care sites, public health locations, and other sites where health programs and services are accessed. It includes common areas in these facilities such as hallways, lobbies, and waiting rooms. The policy also applies to areas where patient/resident rooms, wards, units, departments, and other areas where health care is provided.

FLU SEASON

IMMUNIZATIONS ENDORSED BY PHYSICIANS

Dr. Kevin Wasko, President of the Cypress Regional Medical Association, encouraged patients to get vaccinated during the 2014 flu season. Dr. Wasko emphasized the importance of immunization, particularly for the young and elderly who are among the most vulnerable to illness.

Staff Service Recognition

The Region honored more than 240 staff members who reached a 5 year milestone. This accounts for more than 3,000 years of combined health care experience.

Physician Engagement and Recognition

The Region continues to look for additional opportunities to engage physicians and other health providers in becoming active partners in continuous quality improvement activities, with the interests of putting the patients first as the primary priority.

- Involvement of clinical department heads in improvement efforts (ex. Hoshin Planning Days, 3P events) via committees and participation in patient/family activities.
- Joint Regional Medical Association and Senior Leadership Team meetings every quarter, to discuss issues and opportunities for improvement.
- Practitioner Advisory Committee meetings every two months, including all clinical department heads and other health providers.
- Senior Medical Officer and Chief Executive Officer meet with specialist groups on a rotational basis, to discuss issues and opportunities for improvement that are specific to the specialist community and in relation to patient first initiatives.
- Regional Health Authority and Senior Leadership Team hosted 'Physician Appreciation Event' to acknowledge long service awards in the physician community, and to foster relationships between these members of the Cypress team.
- Planned utilization of telehealth technology to engage rural physicians and region specialist physicians in discussions regarding the internal patient referral processes, and to provide consultation services for patients throughout the Region using telehealth technology.

Leadership Development

Over 50% of the current out of scope staff (35% of our SLT and Director level positions and 25% of our program/health services managers) are eligible to retire by the year 2015, and efforts are required to develop a plan to mitigate the risk associated with loss of knowledge and experience that is crucial for business continuity and to ensure succession planning.

- As part of leadership development the Region offers the 'Saskatoon Leadership Program' to its future leaders to improve and enhance their skills. Additionally the Region is also planning to provide an in-house mentorship program for its employees to augment their knowledge, skills, and abilities.

LEADERSHIP PROGRAM - 15 GRADUATES

The Cypress Health Region had 15 employees participate and graduate from the Saskatchewan Leadership Program in 2014. The program is operated by the Saskatoon Health Region and is built to equip staff with important leadership fundamentals.

Partnerships With Educational Institutions to Meet Future Employment Needs

- Launch of the Saskatchewan Collaborative Bachelor of Science in Nursing Program in Swift Current – partnership with the University of Regina, Saskatchewan Polytechnic, and Great Plains College provides 8 training seats per year for nursing students to complete their 4 year nursing degree in southwest Saskatchewan. Launched in September 2013, the annual demand for the 8 seats is far exceeding the supply.
- Continuing Care Assistant educational programming – partnership with the Great Plains College and Dr. Noble Irwin Regional Healthcare Foundation, in which a part time (or full time, if preferred) educational offering is participated in that allows existing employees to continue working while taking the course. Due to the demand for these positions and for the available training seats at the College, future expansion of the training program is being explored.

GRADUATION - CONTINUING CARE ASSISTANTS

The Health Region's first Continuing Care Assistant graduation class celebrated their accomplishments at an April 28, 2014 graduation event. All eight graduates joined the Cypress Health Region's workforce.

Date: May 28, 2015

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under the arrangement on an apportioned net basis.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

BVachon

Beth Vachon
CEO

Larry Allsen
CFO & VP Corporate Services

2014-15 FINANCIAL OVERVIEW

The Cypress Health Region ended the year with an operating surplus. However an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

1. **Operating Working Capital** – this indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements;
2. **Excess of Revenues over Expenses in the Operating Fund (commonly referred to as "Surplus")** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance* report in the audited financial statements; and
3. **Future Required Investments** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
   a. Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
   b. Ensure quality improvements are implemented and funded.
   c. Ensure updated legislative requirements are implemented [e.g. Health Information Protection Act (HIPA), Occupational Health & Safety (OH&S), Labour Standards, etc.].
   d. Fund critically required capital infrastructure projects.
   e. Fund required replacements and investments of capital equipment.
   f. Invest in best practices and new initiatives to improve services.

Operating Working Capital

= "Current Assets" less "Current Liabilities" in the Operating Fund
= $ 27,508,498 - $16,463,718
= $ 11,044,780

According to this financial indicator, the Cypress Health Region has improved its financial position since inception in 2003. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a positive 29.85 days of working capital in the operating fund.

In order to maintain this working capital the Region needs to continue generating operating surpluses (excess of revenues over expenses) to address needed investments in the third financial indicator listed above.

Excess of Revenues over Expenses in the Operating Fund (Surplus)

= "Total Revenues" less "Total Expenses" in the Operating Fund
= $ 136,728,729 - $132,875,212
= $ 3,853,517

The Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe, and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have been achieved in the past five years, the Region has to determine its most critical areas for investment. It has been determined that the surpluses generated are most needed for investment in capital infrastructure projects and critical equipment needs. Capital infrastructure continues to be a high priority for the Region with the construction of the Southwest Integrated Healthcare Facility in Maple Creek, the enhancements in Leader and Swift Current (long term care). The Ministry of Health has also recognized the need for investment into building infrastructure and has provided the Region with an additional $171,000 in the upcoming fiscal year for infrastructure.

Expenditures

The expenditures of the Region were $1.465 million under budget. Some of the major expense variances are:

- The Region experienced a large amount of staff shortages resulting in unexpended salary and benefits in the amount of $3.18 million.
- Medical remuneration was over budget $316,000 from funded initiatives like the rural locum program, Primary Care physicians in Shaunavon, specialist and emergency room on call programs. Unfunded locum physicians at the regional hospital in the area of surgery, internal medicine.
- In order to keep services in some of our rural sites, Regional Hospital ICU and Medical-Surgical wards, the Region had to use contract nursing which was not budgeted for and this was an added cost of $162,000.
- Unbudgeted small equipment purchases were $478,000. This is the replacement of equipment that does not meet our capital threshold of $3,000.
- Extra equipment and building repairs and maintenance costs amounted to unbudgeted amounts of $200,000.
- In an effort to improve laundry services in Swift Current we saw additional costs of $100,000.
- The number of families accessing the provincial program for home care individualized funding impacted the Region by $85,000.
- Investment of $295,000 in continuing education for the moreOB program for Women and Children's ward and an investment for the first responder program.
- Travel costs savings of $300,000 due to staffing shortages.
- The high number of shortages also resulted in extra recruitment expenses of $175,000.

For further information see *Schedule 1* of the audited financial statements.

Revenues

The revenue of the Region was $2.39 million over budget. Some of the major revenue variances are:

- The Region received an extra $1 million in additional base funding from the Ministry of Health with the majority of the funding allocated for collective bargaining agreements, rural locum program funding, and physician on call funding.
- Recognition of deferred revenue of $790,000.
- There was a decline in the amount of out of province utilization of our services and facilities. which resulted in budgeted loss of $182,000.
- Investment revenue increased by $132,000.
- Other recoveries and miscellaneous revenue of $551,000 was a result of increases in rebates, non-provincial deferred revenues and an insurance claim payment.

For further information see the *Statement of Operations and Changes in Fund Balances* in the audited financial statements.

Capital

The capital expenditures of the Region were $45.8 million consisting of:

- $857,000 in infrastructure projects.
- $868,000 in mortgage payments. Two mortgages were paid off: Swift Current Care Centre and Cypress Lodge.
- $2.1 million in equipment purchases - majority to equip the new facility in Maple Creek.
- $550,000 on planning for the Swift Current Long Term Care Project.
- $37.6 million for the construction to date of the Swift Current Long Term Care Facility.
- $3.9 million on the Southwest Integrated Healthcare Facility in Maple Creek.

The capital purchases were funded by the Ministry of Health, Dr. Noble Irwin Regional Health Care Foundation, Community Trusts, donations, and generated operating surpluses.

Special Funds

The Region administers several Community Trust funds totaling $412,000. These funds have been in place since the amalgamation of the Region in 2003 and were set up for the provisions of health care services. For more information regarding community trust funds see *Note 15* in the audited financial statements.

Debt

The Region currently has four mortgages totaling $920,000 that are guaranteed by the assets of the organization. There is an obligation to Plenary Health Swift Current Limited Partnership for the construction of the Swift Current Long-term care facility in the amount of $37.6 million. For more information see *Note 4 and 5* in the audited financial statements.

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality, and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure safe, effective, and quality health care services can be delivered.
2. Ensuring currently provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the province's residents by implementing new initiatives like Patient Family Centered Care (PFCC).
6. Funding Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
7. Implementing and sustaining occupational health and safety and patient safety systems.
8. Enhancing capital equipment replacement.

If one were to invest significant human resources and effort in analyzing each of the above challenges, an amount could be quantified to determine how much surplus would be required to effectively manage and fund the above *Future Required Investments*.

The Cypress Health Region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

Financial Statements
For the Year Ending
March 31, 2015

STARK & MARSH
CHARTERED ACCOUNTANTS, LLP

INDEPENDENT AUDITOR'S REPORT

To: The Directors of Cypress Regional Health Authority

We have audited the accompanying financial statements of Cypress Regional Health Authority, which comprise the statement of financial position as at March 31, 2015, and the statement of operations, statement of re-measurement gains and losses and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Public Sector Accounting Standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

The Cypress Regional Health Authority entered into a Co-ownership Agreement with the Ministry of Health to provide for co-ownership of a capital asset. The organization has recorded its share (23.4%) of the asset in accordance with proportionate consolidation as recommended in the CPA Canada Handbook PS 3060 Government partnerships. However, we believe PS 3060 does not apply to the Co-ownership Agreement as the contractual arrangement is between the Ministry of Health and the Cypress Regional Health Authority, two entities within the same government reporting entity. This is contrary to PS 3060.06 which states that the contractual arrangement should be with a party outside of the government reporting entity. As a result, we believe a government partnership does not exist, and proportionate consolidation would not apply to the Co-ownership Agreement.

The capital asset should be recorded at 100% of the cost in the records of the Cypress Regional Health Authority and the portion funded by the Ministry of Health recognized as grant revenue in the year received or receivable. As of March 31, 2015 and March 31, 2014, Cypress Regional Health Authority recorded a capital asset at 23.4% of its total cost to date. This error has resulted in an understatement of capital assets of the organization by $32.313M (2014 - $22.751M), an overstatement of co-ownership payable of $923,385 (2014 - $8.118M), an understatement of current year capital grants revenue by $2.367M (2014 - $24.98M) and an understatement of opening fund balances of $30.865M (2014 - $5.885M). The asset is currently being constructed and the total projected cost of the project is estimated to be $45.3M upon completion.

Qualified Opinion

In our opinion, except as to the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Cypress Regional Health Authority as at March 31, 2015, and its financial performance for the year then ended in accordance with Public Sector Accounting Standards for government not-for-profit organizations.

Stark & Marsh
Chartered Accountants, LLP
Chartered Professional Accountants,
Licensed Professional Accountants

Swift Current, SK
June 10, 2015

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position

as to March 31, 2015

Statement 1

	Operating Fund	Restricted Funds		Total March 31, 2015	Total March 31, 2014
		Capital Fund	Community Trust Fund		
ASSETS					(Note 10)
Current Assets					
Cash and short-term investments (Schedule 2)	$ 24,605,516	$ 3,475,940	$ 409,912	$ 28,491,368	$ 44,357,083
Accounts receivable					
Ministry of Health - general revenue fund	363,768	-	-	363,768	367,670
Other	1,566,022	1,553,168	2,500	3,121,690	1,879,377
Inventory	785,680	-	-	785,680	814,302
Prepaid expenses	187,512	-	-	187,512	187,010
	27,508,498	5,029,108	412,412	32,950,018	47,605,442
Long Term Assets					
Accounts receivable					
Ministry of Health - general revenue fund	-	32,567,597	-	32,567,597	-
Other	-	4,740,750	-	4,740,750	-
Investments (Note 2 Schedule 2)	2,007,828	-	-	2,007,828	245,548
Capital assets (Note 3)	-	117,277,368	-	117,277,368	76,061,507
TOTAL ASSETS	$ 29,516,326	$ 159,614,823	$ 412,412	$ 189,543,562	$ 123,912,497

LIABILITIES AND FUND BALANCES

	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2015	Total March 31, 2014
Current liabilities					
Accounts payable	$ 5,104,203	$ 413,275	$ -	$ 5,517,478	$ 7,422,267
Accrued salaries	2,479,910	-	-	2,479,910	4,671,129
Vacation payable	7,846,304	-	-	7,846,304	7,276,928
Mortgage payable - current (Note 5)	-	98,657	-	98,657	189,779
Deferred revenue (Note 6)	1,033,302	-	-	1,033,302	2,608,642
Co-ownership payable		923,385	-	923,385	8,118,569
Construction Holdback	-	154,128	-	154,128	2,413,504
Accrued mortgage interest	-	4,332	-	4,332	8,707
	16,463,718	1,593,777	-	18,057,496	32,709,525
Long term liabilities					
Mortgages payable (Note 5)	-	821,832	-	821,832	1,521,073
Employee future benefits (Note 11)	3,261,800	-	-	3,261,800	3,318,300
Obligations under long-term financing arraignments (Note 16)	-	37,308,347	-	37,308,347	-
TOTAL LIABILITIES	19,725,518	39,723,956	-	59,449,475	37,548,898
Fund Balances					
Investment in capital assets	-	115,942,104	-	115,942,104	73,647,732
Externally restricted (Schedule 3)	-	1,243,925	412,412	1,656,338	1,654,593
Internally restricted (Schedule 4)	-	2,704,838	-	2,704,838	3,480,644
Unrestricted (deficit)/surplus	9,790,808	-	-	9,790,808	7,580,632
TOTAL FUND BALANCES (Statement 4)	9,790,808	119,890,867	412,412	130,094,087	86,363,600
TOTAL LIABILITIES & FUND BALANCES	$ 29,516,326	$ 159,614,823	$ 412,412	$ 189,543,562	$ 123,912,497

Contractual obligations (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

Tyler Bragg - Board Chair

Ron Heeg - Board Vice Chair

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
for the year ended March 31, 2015

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2015	Actual 2015	Actual 2014	Capital Fund 2015	Community Trust fund 2015	Total 2015	Total 2014
REVENUES	(Note 12)		(Note 10)				(Note 10)
Ministry of Health - general revenue fund	$ 122,764,161	$ 124,556,941	$ 122,200,827	$ 33,606,548	$ -	$ 33,606,548	$ 1,349,166
Other provincial	396,549	359,376	355,912	-	-	-	-
Federal government	39,000	55,457	69,666	-	-	-	-
Patient & client fees	7,941,000	7,966,029	7,782,228	-	-	-	-
Out of province (reciprocal)	1,172,500	989,759	1,181,077	-	-	-	-
Out of country	37,500	31,389	101,670	-	-	-	-
Donations	75,000	65,607	61,272	493,627	-	493,627	2,431,514
Investment	275,000	407,179	302,756	68,244	3,737	71,981	63,043
Recoveries	1,498,466	1,600,824	1,417,636	-	-	-	-
Other	141,057	696,167	267,894	9,524,501	-	9,524,501	4,571,949
TOTAL REVENUES	134,340,234	136,728,729	133,740,939	43,692,920	3,737	43,696,657	8,415,672
EXPENSES							
Inpatient & resident services							
Nursing administration	$ 4,147,719	$ 3,985,151	$ 3,636,990	$ -	$ -	$ -	$ -
Acute	17,300,730	19,084,513	17,564,452	1,713,548	-	1,713,548	1,690,274
Supportive	18,634,227	18,188,274	18,771,830	930,764	-	930,764	1,152,932
Integrated	9,378,573	9,512,973	9,503,506	507,197	2	507,199	372,898
Mental health & addictions	1,551,752	1,643,580	1,598,946	-	-	-	-
Total inpatient & resident services	**51,013,001**	**52,414,491**	**51,075,724**	**3,151,509**	**2**	**3,151,511**	**3,216,104**
Physician compensation	**14,970,521**	**15,367,860**	**15,869,791**	-	-	-	-
Ambulatory care services	**2,792,897**	**3,014,924**	**2,515,018**	**92,833**	-	92,833	**76,640**
Diagnostic & therapeutic services	**12,776,865**	**11,978,700**	**12,137,409**	**424,691**	-	424,691	**779,549**
Community health services							
Primary health care	2,007,743	1,998,864	1,793,628	-	-	-	-
Home care	7,309,860	6,570,821	6,646,441	-	-	-	-
Mental health & addictions	3,314,320	2,963,624	2,833,987	-	-	-	-
Population health	3,061,434	3,044,111	2,901,462	-	-	-	-
Emergency response services	4,418,266	4,780,598	4,560,801	146,859	-	146,859	149,548
Other community services	1,323,807	1,209,055	1,321,983	-	-	-	-
Total community health services	**21,435,429**	**20,567,073**	**20,058,302**	**146,859**	-	**146,859**	**149,548**
Support services							
Program support	6,469,993	7,129,939	7,072,367	-	-	-	-
Operational support	22,406,703	22,116,244	21,876,881	-	-	-	-
Other support	2,453,976	320,201	1,076,291	-	-	-	-
Employee future benefits	-	(56,500)	(86,000)	-	-	-	-
Total support services	**31,330,672**	**29,509,884**	**29,939,539**	-	-	-	-
Ancillary	**20,850**	**22,281**	**20,489**	-	-		-
Total expenses (Schedule 1)	**134,340,234**	**132,875,212**	**131,616,273**	**3,815,892**	**2**	**3,815,894**	**4,221,840**
Excess (deficiency) of revenues over expenses	**$ -**	**$ 3,853,517**	**$ 2,124,666**	**$ 39,877,028**	**$ 3,735**	**$ 39,880,763**	**$ 4,193,832**
Interfund Transfers							
Building renovations		$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases/planning		(593,937)	(256,400)	593,937	-	593,937	256,400
SHC reserves		116,329	(8,867)	(116,329)	-	(116,329)	8,867
Capital equipment		(303,760)	(84,551)	303,760	-	303,760	106,925
Mortgage payments		(858,180)	(262,664)	858,180	-	858,180	262,664
Increase (Decease) in fund balances		**$ (1,639,548)**	**$ (612,482)**	**$ 1,639,548**	**$ -**	**$ 1,639,548**	**$ 634,856**
Fund balances, beginning of year		$ 7,580,632	$ 6,068,172	$ 78,374,291	$ 408,677	$ 78,782,968	$ 73,976,654
Fund balances, end of year		$ 9,790,808	$ 7,580,632	$ 119,890,867	$ 412,412	$ 120,303,279	$ 78,782,968

The accompanying notes and schdules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF REMEASUREMENT GAINS AND LOSSES

for the year ended March 31, 2015

Statement 3

	2015	2014
Accumulated remeasurement gains, beginning of year	$ 10,576	$ 10,301
Unrealized gain (losses) attributed to:		
Investments	(3,793)	275
Realized gains (losses), reclassifed to statement of operations:		
Investments		
Designated fair value	-	-
Equity instruments	-	-
Net remeasurement gains for the year	(3,793)	275
Accumulated remeasurement gains (losses), end of year	$ 6,783	$ 10,576

The accompanying notes and schedules are part of these consolidated financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CHANGES IN FUND BALANCES

for the year ended March 31, 2015

Statement 4

2015	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2015
Fund balance, beginning of year	$ 7,580,632	$ 78,374,291	$ 408,677	$ -	$ 86,363,600
Excess (deficiency) of revenues over expenses	3,853,517	39,877,028	3,735	-	43,734,280
Interfund transfers	(1,639,548)	1,639,548	-	-	-
Remeasurement gains (losses)	(3,793)	-	-	-	(3,793)
Fund balance, end of year	$ 9,790,808	$ 119,890,867	$ 412,412	$ -	$ 130,094,087

2014	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2014
Fund balance, beginning of year	$ 6,068,172	$ 73,549,960	$ 426,694	$ -	$ 80,044,826
Excess (deficiency) of revenues over expenses	2,124,666	4,189,475	4,357	-	$ 6,318,498
Interfund transfers	(612,482)	634,856	(22,374)	-	$ -
Remeasurement gains (losses)	275	-	-	-	$ 275
Fund balance, end of year	$ 7,580,632	$ 78,374,291	$ 408,677	$ -	$ 86,363,600

The accompanying notes and schdules are part of these consolidated financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2015

Statement 5

	Operating Fund		Restricted Fund			
	2015	2014 (Note 10)	Capital Fund	Community Trust Fund	Total 2015	Total 2014 (Note 10)
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditure	$ 3,853,517	$ 2,124,666	$ 39,877,028	$ 3,735	$ 39,880,763	$ 4,193,832
Net change in non-cash working capital (Note 7)	(4,671,278)	3,346,392	(11,159,545)	7,500	(11,152,045)	11,555,551
Amortization of capital assets	-	-	3,110,809	-	3,110,809	3,192,679
Investment income on long-term investments	(3,793)	275	-	-	-	-
Loss on disposal of capital assets	-	-	292,348	-	292,348	483,564
	(821,554)	5,471,333	32,120,640	11,235	32,131,875	19,425,627
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(43,622,729)	-	(43,622,729)	(5,639,979)
Equipment	-	-	(996,290)	-	(996,290)	(3,056,835)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(44,619,019)	-	(44,619,019)	(8,696,814)
Investing activities:						
Purchase of long-term investments	(1,762,280)	-	-	-	-	-
Redemption of long-term investments	-	1,709,797	-	-	-	-
	(1,762,280)	1,709,797	-	-	-	-
Financing activities:						
Repayment of debt	-	-	(794,738)	-	(794,738)	(180,596)
Repayment of P3 arrangement	-	-	-	-	-	-
Net increase (decrease) in cash & short term investments during the year	(2,583,834)	7,181,130	(13,293,116)	11,235	(13,281,881)	10,548,217
Cash & short term investments, beginning of year	28,828,898	22,260,250	15,129,508	398,677	15,528,185	4,367,486
Interfund transfers	(1,639,548)	(612,482)	1,639,548	-	1,639,548	612,482
Cash and investments, end of year (Schedule 2)	$ 24,605,516	$ 28,828,898	$ 3,475,940	$ 409,912	$ 3,885,852	$ 15,528,185
Amounts in cash balances						
Cash and short-term investments	$ 24,605,516	$ 28,828,898	$ 3,475,940	$ 409,912	$ 3,885,852	$ 15,528,185

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. The RHA has also adopted section PS 3260, Liability for Contaminated Sites, as further explained in Note 16.

During the 2013-13 fiscal year, the Authority entered into a shared ownership arrangement with the Ministry of Health for the Southwest Integrated Health Facility in Maple Creek. Following the direction of the Ministry of Health, as set out by the Ministry of Finance the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital project. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under the *Income Tax Act of Canada):*

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act.*

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %
Assets under construction	0%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) *Inventory*

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) *Asset Retirement Obligation*

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the assets remaining useful life.

g) *Employee Future Benefits*

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) *Measurement Uncertainty*

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) *Financial Instruments*

Cash, short-term investments, accounts receivable, long-term investments, long term receivable, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable and the long-term obligation to private sector partner are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2015 (2014 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

j) *Replacement Reserves*

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

k) *Volunteer Services*

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

l) *Public private Partnership (P3) Project*

During construction, the RHA records a portion of the calculated cost of the P3 project as construction in progress using the percentage of completion method and an equivalent long-term liability to the private sector partner. The cost is calculated using the present value of future capital repayments discounted using the Government of Saskatchewan's borrowing rate for long-term debt at the time the agreement is signed. Upon completion, the RHA amortizes the accumulated cost of the completed project over its useful life, expenses the annual imputed interest, and settles the long-term liability over the term of the project agreement.

As the project progresses, the RHA also records restricted revenue and a long-term account receivable from the Ministry of Health and local stakeholders equal to the cost of the percentage of the completed project. Upon completion of the project, the long-term receivable is collected over the term of the funding agreement.

3. Capital Assets

	March 31, 2015			March 31, 2014
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,534,293	$ -	$ 1,534,293	$ 1,534,293
Land Improvements	1,230,480	826,335	404,145	264,624
Buildings	78,961,079	28,432,570	50,528,509	51,871,231
Equipment	42,596,519	28,930,218	13,666,301	14,360,194
Information systems	937,326	630,542	306,784	340,871
Vehicles	1,683,507	1,398,528	284,980	356,225
Construction in Progress	50,552,356	-	50,552,356	7,334,069
	$ 177,495,561	$ 60,218,193	$ 117,277,368	$ 76,061,507

4. Contractual Obligations

a) *Capital Assets Acquisitions*

At March 31, 2015, contractual obligations for the acquisition of capital assets were $126,545,164 (2014- $14,029,481).

Maple Creek Integrated Facility

Included in the contractual obligation is an amount for the remainder of the committed construction costs of the new integrated health facility in Maple Creek (2015 - $2,101,293; 2014 - $12,856,104). A co-ownership agreement exists with the Ministry of Health who assumed 76.60% ownership of the asset (2015 - $32,313,436; 2014 - $22,751,012) and the remaining contractual obligation (2015 - $1,605,590; 2014 - $9,847,775).

Swift Current Long-term Care Facility

The majority of the contractual obligation is the P3 project for a new long-term care facility in Swift Current.

Under the P3 agreement with Plenary Health Swift Current Limited Partnership (Plenary), the RHA expects to make minimum annual capital payments as follows:

	Capital
Imputed Interest Rate	3.5%
Expiry Date	May, 2047
2016	-
2017	$ 6,064,575
2018	6,615,900
2019	6,615,900
2020	6,615,900
2021 and subsequent	172,546,725
Total minimum payments	198,477,000
Amount representing interest	74,529,004
Balance of the obligation	$123,947,996

In addition, the RHA expects to make operation and maintenance payments to Plenary as follows:

	Operation	Maintenance
2016	$ -	$ -
2017	41,000	1,296,000
2018	50,000	1,450,000
2019	68,000	1,486,000
2020	105,000	1,523,000
2021 and Subsequent	18,478,000	56,463,000
	$18,742,000	$62,218,000

b) *Operating Leases*

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) *Contracted Health Service Operators*

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2015 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2015	Balance Oustanding 2014
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ -	$ 206,196
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	336,722	354,219
Herbert Nursing Home CMHC, due February 1, 2020	1.92%	$52,287 principal and interest	243,610	290,118
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding an effective interest rate of 1%	164,934	184,051
Swift Current Care Centre CUCORP, due October 1, 2019	5.15%	$104,592 principal and interest	-	489,836
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	175,223	186,433
			920,489	1,710,852
Less : Current Portion			98,657	189,779
			$ 821,832	$ 1,521,073

In the Fiscal year the Region paid off two mortgages; Swift Current Care Centre and the Cypress Lodge Nursing Home. The Region paid these mortgages off as a result of ongoing capital projects that will see the Region vacate these properties in the future.

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2016	$ 98,657
2017	102,995
2018	107,223
2019	112,063
2020	113,705
2021 and subsequent	385,846
Total	$ 920,489

6. Deferred Revenue

As at March 31, 2015 Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Ministry of Health Intitiatives				
Primary Health Care Team - Pharmacy	$ 74,108	$ 74,108	$ -	$ -
Primary Care - Maple Creek Physicians	40,253	40,253	-	-
Primary Health Leader Innovation	117,945	117,945	-	-
Nursing Safety Training Initiative	54,859	54,859	-	-
Recruitment of IEN Settlement	25,000	25,000	-	-
Bursary Program	11,500	11,500	-	-
Youth Detox	66,496	66,496	-	-
Autism Framework	214,942	214,942	-	-
Autism Occupational Therapist	63,549	-	-	63,549
Infection Control Funding	12,627	12,627	-	-
Safety Training	51,550	51,550	-	-
Midwifery	22,877	22,877	-	-
Midwifery Second Attendants	-	-	15,216	15,216
Enhanced Dental Initiative	20,737	20,737	-	-
Health Weights Monitoring	4,000	4,000	-	-
PECS Basic Training	11,227	-	-	11,227
EMT Enhancement Pilot	42,000	42,000	-	-
CEC Funding	194,537	149,537	-	45,000
Surgical Initiative	119,004	119,004	-	-
Leader Facility Planning	150,000	150,000	-	-
Cabri/Gull Lake Physician	130,000	130,000	-	-
LTC Action Fund	579,257	478,728	-	100,529
Acute Stroke Pathway	-	-	7,400	7,400
Compensation	-	-	334,535	334,535
Total Sask Health	**$ 2,006,468**	**$ 1,786,163**	**$ 357,151**	**$ 577,456**

Non Ministry of Health Initiatives				
ABI Program Funding	$ 17,809	$ -	$ 21,896	$ 39,705
Abbott Nutrition Services Education	3,000	-	-	3,000
Lean Funding	127,174	127,174	-	-
Mental Health Conference	9,450	-	-	9,450
Regina Qu'Appelle - Autism funding	120,000	-	-	120,000
Regina Qu'Appelle - Primary Care Redesign	168,597	74,639	-	93,958
SUN Partnership Funding	80,298	-	-	80,298
U of S Pharmacy Initiative	38,000	-	19,000	57,000
ehealth Grant	7,582	7,582	-	-
GE Education for Radiologists	18,685	-	-	18,685
Food Security Program	11,579	11,579	-	-
McIntyre Family Foundation	-	-	4,750	4,750
Community Initiatives Fund	-	-	20,000	20,000
Literacy Network (Families and Play)	-	-	9,000	9,000
Total Other	**$ 602,174**	**$ 220,974**	**$ 74,646**	**$ 455,846**
Total Deferred Revenue	**$ 2,608,642**	**$ 2,007,136**	**$ 431,797**	**$ 1,033,302**

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2015

As at March 31, 2014 Program	**Balance Beginning Of Year**	**Less Amount Recognized**	**Add Amount Received**	**Balance End Of Year**
Ministry of Health Initiatives				
Team Facilitator	$ 13,146	$ 13,146	$ -	$ -
Primary Health Care Team - Pharmacy	74,108	-	-	74,108
Primary Care - Leader Physicians	90,609	90,609	-	-
Primary Care - Maple Creek Physicians	48,454	8,201	-	40,253
Primary Health Leader innovation	-	-	117,945	117,945
Nursing Safety Training Initiative	54,859	-	-	54,859
Recruitment of IEN Settlement	25,000	-	-	25,000
Quality Workplace Initiative	2,500	2,500	-	-
Bursary program	11,500	-	-	11,500
Preoperative Nurse training	14,310	14,310	-	-
Youth Detox	66,496	-	-	66,496
New A&D Initiative	11,632	11,632	-	-
Autism Framework	232,800	17,858	-	214,942
Autism Occupational Therapist	70,000	6,451	-	63,549
Integrated Case Management Training	4,677	4,677	-	-
Parent Mentoring	15,208	15,208	-	-
Infection control funding	85,535	58,931	(13,977)	12,627
MMR Immunization	17,794	17,794	-	-
Mumps administration	14,600	14,600	-	-
Safety training	72,535	20,985	-	51,550
Midwifery	52,472	29,595	-	22,877
Enhanced Dental Initiative	49,255	28,518	-	20,737
HIV strategy	32,000	-	(32,000)	-
Building a healthier Saskatchewan	25,000	25,000	-	-
Drug Strategy conference	20,000	20,000	-	-
Health Weights Monitoring	-	-	4,000	4,000
PECS Basic Training	-	-	11,227	11,227
EMT Enhancement Pilot	18,000	-	24,000	42,000
CEC funding	375,000	180,463	-	194,537
Physician Recruitment	25,000	25,000	-	-
IHI Collaborative	13,820	13,820	-	-
Surgical Initiative	208,562	89,558	-	119,004
Radiology Review	392,868	392,868	-	-
Leader Facility planning	150,000	-	-	150,000
Cabri/Gull Lake Physician	130,000	-	-	130,000
LTC Action Fund	-	-	579,257	579,257
Total Ministry of Health	**$ 2,417,743**	**$ 1,101,727**	**$ 690,452**	**$ 2,006,468**

Non Ministry of Health Initiatives				
ABI Program Funding	$ 19,781	$ 1,972	$ -	$ 17,809
Abbott Nutrition Services Education	3,000	-	-	3,000
Donations	254,345	254,345	-	-
Lean funding	127,174	-	-	127,174
Mental Health Conference	9,450	-	-	9,450
Regina Qu'Appelle - Autism funding	120,000	-	-	120,000
Regina Qu'Appelle - Primary Care Redesign	168,597	-	-	168,597
SAHO - Dental Initiative	6,667	6,667	-	-
SAHO - Gateway Phase two	30,000	30,000	-	-
SUN Partnership funding	80,298	-	-	80,298
U of S Pharmacy Initiative	31,000	-	7,000	38,000
ehealth grant	-	78,294	85,876	7,582
GE education for radiologists	-	3,315	22,000	18,685
Food security program	9,756	2,851	4,674	11,579
Total Non Ministry of Health	**$ 860,068**	**$ 377,444**	**$ 119,550**	**$ 602,174**
Total Deferred Revenue	**$ 3,277,811**	**$ 1,479,171**	**$ 810,002**	**$ 2,608,642**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2015	2014	Capital Fund	Community Trust Fund	Total 2015	Total 2014
(Increase) Decrease in accounts receivable	$ (706,782)	$ 114,356	$ (539,128)	$ 7,500	$ (531,628)	$ 1,174,394
(Increase) Decrease in inventory	28,621	(38,907)	-	-	-	-
Decrease in prepaid expenses	(502)	25,193	-	-	-	-
(Increase) Decrease in other current assets	-	456,668	-	-	-	(456,668)
Increase (Decrease) in accounts payable	(738,933)	969,784	(10,620,416)	-	(10,620,416)	10,837,824
Increase (Decrease) in accrued salaries	(2,191,219)	2,906,200	-	-	-	-
Increase (Decrease) in vacation payable	569,376	(331,732)	-	-	-	-
Increase (Decrease) in deferred revenue	(1,575,340)	(669,169)	-	-	-	-
(Decrease) in employee future benefits	(56,500)	(86,000)	-	-	-	-
	$ (4,671,278)	$ 3,346,392	$ (11,159,545)	$ 7,500	$ (11,152,045)	$ 11,555,551

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2015 $31,152 (2014- $38,039). These amounts are reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2015	2014
Revenues		
3sHealth	$ 87,172	$ -
Health Quality Council	-	58,600
Saskbuilds Coporation	98,500	47,220
Saskatchewan Government Insurance	96,199	137,700
University of Saskatchewan	34,725	-
Worker's Compensation Board (Saskatchewan)	240,671	238,497
Related Party Revenues	$ 557,267	$ 434,797
Expenditures		
3sHealth	$ 3,647,429	$ 3,554,000
eHealth	244,023	163,919
Minister of Finance	124,380	150,515
Ministry of Government Services	724,994	725,282
Public Employees Pension Plan	172,715	184,735
Regina Qu'appelle Health Region	803,688	1,174,028
Saskatchewan Health Employees Pension Plan	5,562,586	5,057,306
Saskatchewan Instiute of Applied Arts and Technology	-	17,806
SaskEnergy Incorporated	497,477	407,196
Saskatchewan Power Corporation	928,883	806,069
Saskatchewan Telecommunications Holding Corporation	468,748	441,819
Saskatchewan Government Insurance	11,015	19,459
Saskatoon Health Region	41,508	64,536
University of Regina	-	13,638
University of Saskatchewan	-	156,487
Worker's Compensation Board (Saskatchewan)	1,114,328	769,219
Related Party Expenditures	$ 14,341,774	$ 13,706,012
Accounts Payable		
3sHealth	$ 360,409	$ 489,762
eHealth	36,607	33,492
Minister of Finance	23,849	25,451
Ministry of Government Services	67,749	40,596
Public Employees Pension Plan	6,417	7,208
Regina Qu'appelle Health Region	152,523	60,421
Saskatchewan Health Employees Pension Plan	431,597	421,825
SaskEnergy Incorporated	46,226	100,473
Saskatchewan Power Corporation	60,159	62,642
Saskatchewan Telecommunications Holding Corporation	42,053	40,825
Worker's Compensation Board (Saskatchewan)	135,579	346,011
Related Party Payable	$ 1,363,169	$ 1,628,706

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2015	2014
McKerracher Support Services Inc	$ 130,378	$ 134,944
Canadian Mental Health Association	145,707	140,857
Gull Lake Ambulance	218,541	213,321
Ponteix Ambulance	255,183	255,183
Val Marie Ambulance	148,717	148,717
Frontier Ambulance	211,581	205,186
Swift Current Ambulance	1,051,903	1,050,823
	$ 2,162,010	$ 2,149,030

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2015	2014
Foyer St. Joseph Nursing Home		
- Operating grant	$ 1,840,684	$ 1,824,908
- Capital grant	71,233	6,300
Total funding	$ 1,911,917	$ 1,831,208

The Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2015 and 2014

	Total 2015 (audited)	Total 2014 (audited)
Balance Sheet		
Assets	$ 1,130,651	$ 1,257,510
Net Capital Assets	615,832	456,559
Total Assets	$ 1,746,483	$ 1,714,069
Total Liabilities	$ 185,331	$ 234,320
Total Net Assets (Fund Balances)	1,561,152	1,479,749
Total Liabilities & Fund Balances	$ 1,746,483	$ 1,714,069
Results of Operations		
RHA Grant	$ 1,911,917	$ 1,823,104
Other Revenues	482,919	483,129
Total Revenue	2,394,836	2,306,233
Salaries & Benefits	2,035,338	1,973,086
Other Expenses	309,597	315,513
Total Expenses	$ 2,344,935	$ 2,288,599
Excess Revenue over Expenses	$ 49,901	$ 17,634
Cash Flows		
Cash from Operations	$ 97,236	$ 327,986
Cash used in Financing Activities	(237,112)	(56,555)
Cash provided by (used in) Investing Activities	(616,903)	(35,000)
Increase/(Decrease) in Cash	$ (756,779)	$ 236,431

iii) Fundraising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. During the year the Foundation provided the RHA with $301,317 (2014 - $2,115,458).

10. Comparative Information

Certain 2013-14 balances have been reclassified to conform to the current year's presentation.

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2015				2014
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,392	-	15	1,407	1,391
Member contribution rate, percentage of salary	8.1 - 10.7%	-	5.00 - 7.00%		
RHA contribution rate, percentage of salary	9.072 - 11.984%		5.00 - 7.00%		
Member contributions	5,339,794	-	93,287	5,433,081	4,988,053
RHA contributions	5,981,154	-	93,287	6,074,441	5,575,098

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leaves of absence as of March 31, 2015
Inactive members are not reported by the RHA, their plans are transferred to SHEPP and directly managed by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined decificiency is the responsibility of participating employers and employees in the ratio 1.12 to 1.
Contribution rates will continue to increase until the next actuarial reports are completed.

b) *Accumulated sick leave benefit liability:*

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2015	2014
Discount rate	1.90%	2.85%
Rate of inflation		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over - 0.0% per annum, plus 2.0% per annum for SUN members at 20 years or service		

	2015	2014
Accrued benefit obligation, beginning of year	$ 3,318,300	$ 3,404,300
Cost for the year	476,300	479,300
Benefits paid during the year	(532,800)	(565,300)
Accrued benefit obligation, end of year	$ 3,261,800	$ 3,318,300

12. Budget

The RHA Board approved the 2014-15 budget plan on June 6, 2014. The budget information is unaudited.

13. Financial Instruments

a) *Significant terms and conditions:*

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) *Financial risk management:*

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) *Credit risk:*

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash and short-term investments	$28,491,368	$44,357,038
Curent Accounts receivable		
Ministry of Health - General Revenue Fund	363,768	367,670
Other	3,121,690	1,879,377
Investments	2,007,828	245,548
Long-term Accounts receivable		
Ministry of Health - General Revenue Fund	32,567,597	-
Other	4,740,750	-
	$71,293,001	$46,849,634

d) *Market Risk:*

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:
The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2015 and 2014 have fixed interest rates. Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, the interest rates on the investments held by the RHA bare minimal risk and therefore the overall risk to the health region due to fluctuating interest rates is minimal.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $28,027,361 (2014 - $42,189,898).

f) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.
- The fair value of mortgages payable and long-term debt and long-term obligations to the private sector partner before the repayment required within one year is $124,889,392 (2014 - $1,729,720) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2015 or 2014.

There were no items transferred between levels in 2015 or 2014.

	2015			2014		
	Level1	Level 3	Total	Level1	Level 3	Total
Investments	2,007,828	-	2,007,828	2,412,735	-	2,412,735
Mortgage Payable	920,489	-	920,489	1,710,852	-	1,710,852
Long-term Obligations	-	37,308,347	37,308,347	-	-	-

g) *Short-term Borrowing/Operating Line-of-credit*

The RHA has a line-of-credit limit of $1,000,000 (2014 - $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by RHA assets. Total interest paid on the line-of-credit in 2015 was $ nil (2014 - $ nil). This line-of-credit was approved by the Ministry.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $412,412 (2014 - $408,677) under these agreements.

Following is the status of the trust funds at March 31, 2015:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

15. Pay for Performance:

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 and 2015-16.

16. Changes in Accounting Policy:

Effective April 1, 2014 the RHA adopted the new PS 3260 Liability for Contaminated Sites standard. This section establishes standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced in to air, soil, water or sediment of a chemical, organic, or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard. This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all the following criteria are met:

- an environmental standard exists;
- contamination exceeds the environmental standard;
- the RHA:
    - is directly responsible; or
    - accepts responsibility;
- the RHA expects that future economic benefits will be given up; and
- a reasonable estimate of the amount can be made.

The adoption of the new PS 3260 standard has not resulted in any changes to the measurement and recognition of liabilities in the RHA's 2015 financial statements.

17. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. The Health Sciences Association of Saskatchewan (HSAS) contract expired March 31, 2013. The Service Employees International Union (SEIU) contract is in effect until March 31, 2017.

18. Long-term Obligations to Private Sector Partner

During 2015, the RHA entered into a P3 arrangement with Plenary Health Swift Current Limited Partnership for the construction of the Swift current Long Term Care facility. The change in the obligation during 2014-15 was as follows:

	March 31, 2015
Balance, beg. of year	$ -
Additions	37,308,347
Payments	-
Balance, end of year	$ 37,308,347

Refer to note 4b) for repayment terms and amounts.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

for the year ended March 31, 2015

Schedule 1

	Budget 2015	Actual 2015	Actual 2014
Operating:			
Advertising & public relations	$ 45,100	$ 34,535	$ 40,421
Board costs	130,000	76,693	101,217
Compensation - benefits	15,028,362	14,489,412	14,695,525
Compensation - salaries	80,000,750	77,358,629	76,607,171
Compensation - employee future benefits	-	(56,500)	(86,000)
Continuing education fees & materials	210,722	506,188	277,012
Contracted-out services - other	2,151,634	2,422,056	2,459,412
Diagnostic imaging supplies	51,900	51,272	38,524
Dietary supplies	56,750	24,803	27,208
Drugs	1,138,320	1,361,951	1,145,701
Food	1,984,280	2,038,200	1,974,020
Grants to ambulance services	1,871,783	1,912,175	1,873,229
Grants to health care organizations & affiliates	2,126,049	2,116,769	2,095,993
Housekeeping & laundry supplies	753,198	858,592	778,684
Information technology contracts	702,298	750,301	605,379
Insurance	249,000	255,992	252,979
Interest	15,000	8,781	13,382
Laboratory supplies	1,287,019	1,102,018	1,159,748
Medical & surgical supplies	2,874,183	2,878,103	2,623,552
Medical remuneration & benefits	13,938,649	14,254,680	14,430,627
Office supplies & other office costs	1,089,712	1,046,448	1,034,490
Other	636,234	668,952	630,270
Professional fees	778,479	768,211	1,091,897
Prosthetics	425,000	419,181	405,555
Purchased salaries	-	162,200	159,910
Rent/lease/purchase costs	703,761	1,181,847	1,223,888
Repairs & maintenance	2,552,442	2,752,138	2,529,865
Supplies - Other	236,039	206,772	232,805
Travel	1,482,272	1,349,838	1,404,705
Utilities	1,821,300	1,874,976	1,789,102
Total Operating Expenses	$ 134,340,234	$ 132,875,212	$ 131,616,273
Restricted:			
Amortization		$ 3,110,809	$ 3,192,679
Loss/(Gain) on disposal of fixed assets		292,348	483,564
Mortgage interest expense		78,479	108,187
Other		334,256	437,410
		$ 3,815,892	$ 4,221,840

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

as at March 31, 2015

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 3,475,940		
Royal Bank (Shaunavon)	62,840		
Sandhills Credit Union (Leader)	59,623		
Credit Union (Eastend)	7,755		
Royal Bank (Climax)	26,634		
CIBC (Mankota)	61,054		
	$ 3,693,845		
Short Term Investments:			
Eastend Credit Union	$ 147,694	03/26/2015	1.55%
CIBC (Mankota)	43,915	06/12/2015	0.90%
Various Membership Equities	398		
	$ 192,007		
Total Cash & Short Term Investments	$ 3,885,852		
Total Restricted Investments	**$ 3,885,852**		
Unrestricted Investments			
Cash and short term			
Chequing and Savings :			
Concentra	$ 24,302,213		
Petty Cash	7,760		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	22,246		
BMO Nesbitt Burns	46		
	$ 24,333,516		
Short Term Investments			
Canadian Western Bank GIC	100,000	01/08/2016	1.80%
Equitable Bank GIC	100,000	01/08/2016	1.80%
Montreal Tr Co of CDA GIC	72,000	01/08/2016	1.75%
	$ 272,000		
Total Cash & Short Term Investments	$ 24,605,516		

Long Term

Canada Savings Bond	$ 45,092	01/11/2016	0.50%
Canada Savings Bond	200,411	10/31/2017	0.50%
Various Membership Equities	10,045		
B2B Bank GIC	48,669	01/23/2018	1.90%
Bank of Nova Scotia GIC	48,648	01/23/2018	1.66%
CDN Western Bank GIC	48,665	01/23/2018	1.85%
Equitable Bank GIC	48,656	01/23/2018	1.75%
HSBC Bank Canada GIC	48,651	01/23/2018	1.70%
Homequity Bank GIC	48,665	01/23/2018	1.85%
Home Trust Company GIC	48,683	01/23/2018	2.05%
Tangerine Bank GIC	48,647	01/23/2018	1.65%
Korea Exchange Bank GIC	48,647	01/23/2018	1.65%
Laurentian Bank GIC	48,669	01/23/2018	1.90%
LBC Trust GIC	48,669	01/23/2018	1.90%
Manulife Bank CDA GIC	48,651	01/23/2018	1.70%
Manulife Trust GIC	48,651	01/23/2018	1.70%
Montreal Trust CDA	48,648	01/23/2018	1.66%
Natcan Trust Company GIC	48,647	01/23/2018	1.65%
Nat'l Bank of Canada GIC	48,647	01/23/2018	1.65%
Peoples Trust GIC	48,665	01/23/2018	1.85%
Pacific & Western GIC	48,665	01/23/2018	1.85%
B2B Bank GIC	48,687	01/23/2020	2.10%
Bank of Nova Scotia GIC	48,687	01/23/2020	2.10%
Canadian Tire Bank GIC	48,687	01/23/2020	2.10%
CDN Western Bank GIC	48,691	01/23/2020	2.15%
CDN Western Trust GIC	48,687	01/23/2020	2.10%
Equitable Bank	48,691	01/23/2020	2.15%
Homequity Bank GIC	48,700	01/23/2020	2.25%
Home Trust Company GIC	48,709	01/23/2020	2.35%
ICICI Bank Canada GIC	48,691	01/23/2020	2.15%
Korea Exchange Bank GIC	48,691	01/23/2020	2.15%
Laurentian Bank GIC	48,687	01/23/2020	2.10%
LBC Trust GIC	48,687	01/23/2020	2.10%
Manulife Bank CDA GIC	48,691	01/23/2020	2.15%
Manulife Trust GIC	48,691	01/23/2020	2.15%
Natcan Trust Company GIC	48,688	01/23/2020	2.11%
Nat'l Bank of Canada GIC	48,688	01/23/2020	2.11%
Peoples Trust GIC	48,691	01/23/2020	2.15%
Pacific & Western GIC	48,691	01/23/2020	2.15%
Total Long Term Investments	$ 2,007,828		
Total Unrestricted Investments	**$ 26,613,344**		
Total Investments	**$ 30,499,196**		

Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 28,491,368
Total Long Term	2,007,828
Total Investments	**$ 30,499,196**

Restricted Investments consist:

Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and

- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the capital fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXTERNALLY RESTRICTED FUNDS

for the year ended March 31, 2015

Schedule 3

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	1,245,916	-	6,664	(8,654)	-	1,243,925
Total Capital Fund	**1,245,916**	**-**	**6,664**	**(8,654)**	**-**	**1,243,925**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Shaunavon Hospital & Care Centre	62,192	648	-	-	-	62,840
Eastend Wolf Willow Health Centre	153,807	2,039	-	-	-	155,847
Prairie View Health Centre (Mankota)	96,695	776	7,500	(2)	-	104,969
Leader Hospital	51,836	-	-	-	-	51,836
Border Health Centre	26,360	275	-	-	-	26,634
Western Senior Citizens Home	7,787	-	-	-	-	7,787
Mankota Trust Loan	10,000	-	-	-	(7,500)	2,500
Total Community Trust Fund	**408,677**	**3,737**	**7,500**	**(2)**	**(7,500)**	**412,412**
Total Externally Restricted Funds	**1,654,593**	**3,737**	**14,164**	**(8,656)**	**(7,500)**	**1,656,338**

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2015

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
CMHC Replacement Reserves						
Cypress Lodge	$ 114,500	$ 1,829	$ -	$ (116,329)	$ -	$ -
Gull Lake Special Care Centre	96,001	1,534	-	-	-	97,534
Herbert Nursing Home	102,340	1,635	-	-	-	103,975
Western Senior Citizen Home	76,440	1,221	-	-	-	77,661
Total CMHC	$ 389,280	$ 6,219	$ -	$ (116,329)	$ -	$ 279,170
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	172,309	-	-	-	-	172,309
Infastructure Funding Fiscal 2008-09	1,069,282	-	-	(110,365)	-	958,917
Maple Creek Facility funding	1,003,179	12,639	-	(661,165)	-	354,653
Cypress Regional Hospital	187,783	-	-	(187,783)	-	-
Capital Funding Fiscal 2009-10	11,659	-	-	(11,659)	-	-
Leader Facility Funding	13,487	-	-	(13,487)	-	-
Infastructure Funding Fiscal 2010-11	150,928	-	-	(64,452)	-	86,476
Surgical Capital Funding Fiscal 2010-11	72,394	-	-	-	-	72,394
Infastructure Funding Fiscal 2013-14	360,000	-	-	(172,471)	-	187,529
Equipment Funding Fiscal 2014-15	-	-	326,459	-	-	326,459
Infastructure Funding Fiscal 2014-15	-	-	250,000	-	-	250,000
Region restricted						
Eastend Wolf Willow Health Centre	50,343	-	-	(33,412)	-	16,930
Total Internally Restricted Funds	$ 3,480,644	$ 18,858	$ 576,459	$ (1,371,123)	$ -	$ 2,704,838

CYPRESS REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION

Schedule 5

for the year ended March 31, 2015

	2015							2014
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Bragg, Tyler	$ 10,790	$ 14,338	$ 3,086	$ 5,005	$ -	$ 1,318	$ 34,537	$ 37,647
Busby, Pamela	-	3,925	931	1,887	-	181	6,924	11,041
Heeg, Ronald	-	2,813	68	19	-	-	2,899	5,453
Lewis, Donald	-	2,525	788	1,553	-	116	4,982	7,968
Quintin, Lyle	-	2,275	125	-	-	46	2,446	5,349
Smith, Judy	-	3,275	1,202	2,490	-	143	7,110	9,741
Stephens, Larry	-	3,525	235	421	-	-	4,181	6,958
Undseth, Rhonda	-	-	-	-	-	-	-	2,261
Whiteside, Brian	-	2,025	75	19	-	64	2,183	2,472
Wilson, Terry	-	2,825	275	-	-	77	3,177	2,820
Total	$ 10,790	$ 37,525	$ 6,784	$ 11,394	$ -	$ 1,946	$ 68,439	$ 91,709

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

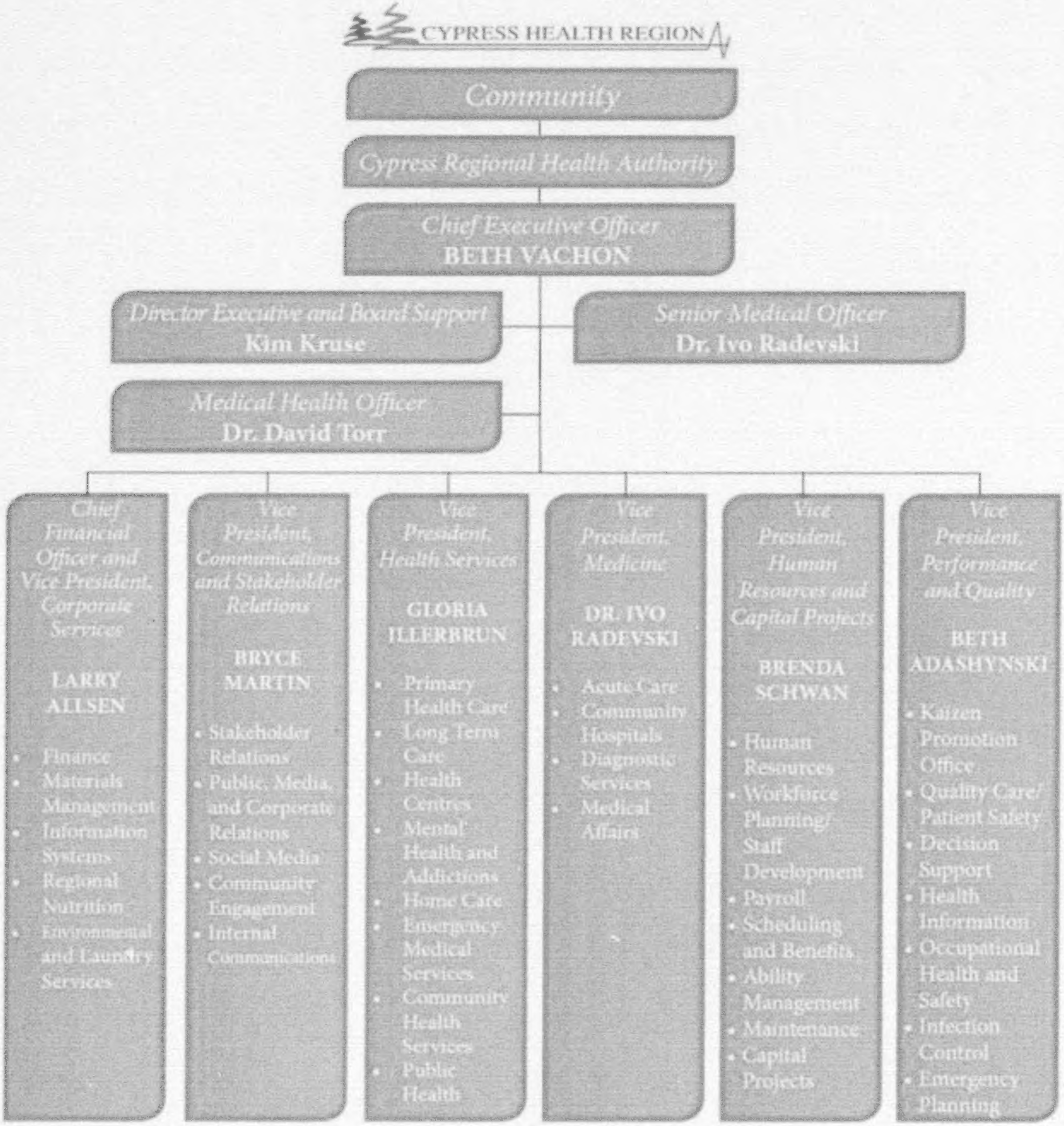
for the year ended March 31,2015

	2015					2014		
Senior Employees	Salaries 1	Benefits and Allowances 2	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severances	Total
Beth Vachon - CEO	$ 291,585	$ 1,417	$ 293,002	$ -	$ 293,002	$ 277,363	$ -	$ 277,363
Kim Kruse - Director	69,199	810	70,009	-	70,009	69,199	-	69,199
Bryce Martin - Executive Director	134,800	-	134,800	-	134,800	131,382	-	131,382
Beth Adashynski - Executive Director	155,326	460	155,786	-	155,786	142,781	-	142,781
Larry Allsen - Executive Director	195,371	800	196,171	-	196,171	178,136	-	178,136
Brenda Schwan - Executive Director	233,048	-	233,048	-	233,048	215,829	-	215,829
Gloria Illerbrun - Executive Director	205,706	1,336	207,041	-	207,041	192,340		192,340
Dr. David Torr - Medical Health Officer	193,720	-	193,720	-	193,720	212,424	-	212,424
Dr. I Radevski - Senior Medical Officer	288,261	-	288,261	-	288,261	288,261	-	288,261
Total	$ 1,767,015	$ 4,823	$ 1,771,838	$ -	$ 1,771,838	$ 1,707,714	$ -	$ 1,707,714

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The Pay for Performance compensation plan has ben suspended for the 2014-15 and 2015-16 fiscal years. Senior employees will receive 100% of their base salary for 2014-15 and 2015-16. Refer to note 15 for further details

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits

2014 2015 APPENDIX A - ORGANIZATIONAL CHART


CYPRESS HEALTH REGION
Community
Cypress Regional Health Authority
Chief Executive Officer
BETH VACHON
Director Executive and Board Support
Kim Kruse
Senior Medical Officer
Dr. Ivo Radevski
Medical Health Officer
Dr. David Torr
Chief Financial Officer and Vice President, Corporate Services
LARRY ALLSEN
• Finance
• Materials Management
• Information Systems
• Regional Nutrition
• Environmental and Laundry Services
Vice President, Communications and Stakeholder Relations
BRYCE MARTIN
• Stakeholder Relations
• Public, Media, and Corporate Relations
• Social Media
• Community Engagement
• Internal Communications
Vice President, Health Services
GLORIA ILLERBRUN
• Primary Health Care
• Long Term Care
• Health Centres
• Mental Health and Addictions
• Home Care
• Emergency Medical Services
• Community Health Services
• Public Health
Vice President, Medicine
DR. IVO RADEVSKI
• Acute Care
• Community Hospitals
• Diagnostic Services
• Medical Affairs
Vice President, Human Resources and Capital Projects
BRENDA SCHWAN
• Human Resources
• Workforce Planning/ Staff Development
• Payroll
• Scheduling and Benefits
• Ability Management
• Maintenance
• Capital Projects
Vice President, Performance and Quality
BETH ADASHYNSKI
• Kaizen Promotion Office
• Quality Care/ Patient Safety
• Decision Support
• Health Information
• Occupational Health and Safety
• Infection Control
• Emergency Planning

As of March 31, 2015

Payee Disclosure Lists

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2014-15 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure and for the 2014-15 fiscal year the minimum threshold has been maintained at $50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- *Personal Services* – stated amounts include all payments made to individuals throughout the fiscal year and ***are not restricted to base salary payments***. Payments to individuals who are unionized or non-unionized employees and contracts where an 'employee/employer' relationship has been established are included in this list. The recorded amounts include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, short-term disability, and differentials which total $50,000 or more.
    - Contracts – the total amount paid (over the threshold) if an 'employee/employer' relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a 'Supplier Payment'.
- *Supplier Payments* – payees who received $50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; contracts over the minimum threshold of contacts where an 'employer/employee' relationship does not exist.
- *Transfers* – listed, by program, transfers to recipients who received $50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

ABDI	MARIAN	63,827
ABRERA	BRIGIDA	52,496
ACHTER	ANGIE	79,634
ADAMSKA	TERESA	98,486
ADASHYNSKI	BETH	181,355
ADDAI	MATILDA	97,833
ADDAI	STEPHAN	425,312
ADWEDAA	EBENEZER	453,533
AHMODU	OLORUNFEMI	480,360
ALBRECHT	AUDREY	52,012
ALDAG	MARLENE	120,964
ALLEN	ASHLEY	58,587
ALLSEN	LARRY	223,813
AMAN	RALPH	92,721
AMAN	KAREN	63,429
AMU-DARKO	KOFI	334,034
AMUNDSON	SIBRENA	71,696
AN	JI HOON	92,828
ANDERSON	MARY	93,395
ANDERSON	IRENE	67,922
ANDERSON	JANICE	54,804
ANDREAS	DAPHNE	87,439
ANDRIE	SARAH	73,639
ANTON	WANDA	53,377
APPLEBY	CHERI LYN	91,988
ARMSTRONG	SHANNON	104,925
ARNOLD	CORINNE	95,885
ASHTEKAR	VEEJAY	493,485
BAAN	SUZANNE	70,584
BAIN	GORDON	63,876

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more

BALASINGHAM	SIVA	52,484
BALDERSON	CODY	74,850
BANKS	MALCOLM	82,418
BANMAN	LEANNE	76,090
BARKER	BETTY	65,976
BARRETTO	IGNACIO	308,414
BARTLETT	ASHLEY	50,208
BAZIN	JILLANE	93,726
BEISEL	CYNTHIA	50,332
BEN ISSA	ENTISAR	142,163
BERG	KAREN	59,083
BERG	DOROTHY	55,377
BERG	NYLA	54,860
BIDWELL	TELEAH	95,027
BIDWELL	TERRAH	54,858
BILANSKI	ERNA	55,284
BISHAY	THARWT	71,912
BISSONNETTE	DEBORAH	84,653
BITZ	NICKOLAS	66,227
BLAKE	CANDACE	65,442
BOHUN	CHRISTOPH	76,783
BOLDING	LAUREEN	56,328
BOLLMAN	JULIE	85,926
BOLTON	ERIN	91,564
BOOTH	DWIGHT	131,142
BORUCH	SHEILA	67,691
BOURLON	ARMANDE	72,777
BOUTILIER	BRADLEY	85,517
BRAATEN	DAWN	72,075
BRADFORD	SARAH	101,187

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

BRAUN	KAREN	75,446
BREEN	TANIA	50,533
BREHM	KAREN	121,977
BREHM	SHANE	69,962
BRIDAL	LINDA	67,954
BRIERE	CLAUDE	74,221
BRIGGS	LEAH	80,138
BROWN	LANA	102,713
BROWN	PATRICIA	93,218
BROWN	LEANNE	57,113
BROWNE	GRANT	106,420
BRYNGELSON	CHERYL	90,087
BUCKINGHAM	EMILY	50,692
BURNETT	CHELSEY	66,646
BURNETT	WANDA	65,938
BURTON	VALERIE	75,646
BURTON	SUSAN	73,310
BUSSE	RHONDA	55,773
BYE	LISA	52,332
BYMOEN	BETTY ANN	53,069
CAISSIE	WENDY	80,759
CALOW	MICHELLE	66,779
CAMERON	KATHERINE	107,980
CAMMER	NOREEN	70,387
CAMPAGNOLO	LEE	58,985
CAMPBELL	CAMILLE	54,462
CAPPELLE	LYRIS	87,319
CARIGNAN	MELISSA	111,789
CARLETON	GLENDA	75,441

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

CARLETON	FAUNA	58,073
CARR	GLADYS	55,595
CARTWRIGHT	CHARLOTTE	54,042
CASHIN	RICHARD	123,415
CEDERHOLM	SUSAN	104,948
CEDERHOLM	JENNIFER	74,252
CHABOT	CHANTELLE	57,985
CHIKOPELA	ROSTINA	87,125
CHISHOLM	JOHN	85,031
CHISHOLM	DONNA	59,571
COCHRANE	IDA	74,561
COLE	HEATHER	75,323
COLLIER	KELLY	56,150
CONEYS	DAVID	85,567
COOPER	ASHLEY	92,804
CORBIN	MICHAEL	83,988
CORNELSON	CARRIE	58,809
COTE	ALYSSA	50,321
COULTER	TERRY	118,784
COULTER	VALERIE	98,713
COURTNEY	KIM	54,864
CROCKETT	SHARON	56,455
CRONAN	CARLA	81,504
CROZIER	SHELLY	67,535
CUNNINGHAM	GAIL	105,153
CUPPLES	LYNN	55,643
CURRENCE	LOIS	53,276
CUTHBERT	MEGAN	90,697
DAGOHOY	CHRISTIAN	56,440

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

DAHL	KATHLEEN	51,479
DAWSON-BRIERE	SHELLEY	109,148
DE KLERK	HEIN	221,611
DEBRUYNE	BONNIE	52,960
DEG	ARLENE	68,678
DEKOWNY	PATRICIA	69,605
DEL VICARIO	LAURA	161,887
DELA CRUZ	GISELLE	51,376
DEMPSEY	CHRISTINE	119,717
DEMPSEY	SHEILA	95,472
DEOBALD	MARLENE	81,920
DERKSEN-KROEKER	KATHY	65,644
DESHAIES	MARIE	100,001
DESJARDINS	SUSAN	92,802
DIDUCK	DARUSIA	92,226
DOYLE	KAITLIN	78,755
DRISCOLL	JOAN	54,835
DRUMMOND	CINDY	109,239
DU TOIT	STEPHAN	203,995
DUECK	BARRY	80,714
DUECK	BRENDA	78,193
DUECK	BONITA	54,620
DUFF	CORINNE	119,179
DUNCAN	TAMMY	106,886
DUNCAN	CRYSTAL	58,587
DUNCOMBE	GAIL	99,669
DUNN	GREGORY	68,012
DURANT	MARILYN	76,698
DYCK	LORIE	92,329

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

DYCK	RYAN	83,572
DYCK	SHANTEL	77,389
DYCK	DAWN	76,223
DYCK	LARRY	69,067
DYCK	NANCY	55,542
DYCK	CHRISTINE	53,377
EBNER	STEPHANIE	58,286
EDDY	CAROL	104,400
EGLAND	JANETTE	52,355
EIDSNESS	RUTH	120,833
EISENZIMMER	ROSALIE	52,055
ELSASSER	RAYLENE	117,356
EMMS	AMANDA	58,915
EMPEY	STACIE	73,814
ENTEM	CATHERINE	65,108
ERUVWETAGHWARE	JEFFREY	69,711
EVENSON	CASSIDY	71,976
EVENSON	BONNIE	60,511
EWEN	CLAYTON	71,735
FAKHIR	SHAMSUDDIN	477,386
FEASBY	JESSICA	74,755
FEHR	HELEN	131,676
FEHR	PATRICIA	54,707
FEIL	ROXANNE	63,001
FENSOM	BENJAMIN	64,459
FERGUSON	HILDA	51,822
FERRER MINGMING	MARIA JEA	67,985
FESCHUK	MELANIE	86,964
FINLAY	LAURIE	76,137

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

FISHER	CARMEN	55,813
FLATERUD	FLORENCE	84,343
FLETCHER	JILLIAN	114,326
FLETCHER	ALEXIS	70,838
FLEURY	DEAN	112,524
FLEURY	BRENDA	107,709
FLYNN	PENNY	75,854
FORBES	LORRAINE	54,194
FORTMAN	SANDRA	74,351
FREDERICK	SHANNON	85,694
FRIESEN	MARGARET	86,881
FRIESEN	MARLENE	79,150
FRIESEN	MELISSA	77,018
FRIESEN	YVETTE	74,400
FRITZ	BONNIE	86,216
FROEHLICH	CINDY	84,010
FROESE	JULIE	58,484
FROYMAN	DEBRA	72,707
FUNK	LINDSAY	62,097
FUNK	ASHTON	57,539
FURGESON	CHRISTINE	53,436
GADER	LARISSA	64,537
GAFF	AILEEN	52,446
GARCIA	FRANCISCO	386,584
GARDNER	TERRY	66,966
GARIES	ASHLEY	84,726
GARIES	JOHN	73,241
GARIES	ELAINE	73,175
GARRECHT	JEANETTE	71,428

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

GARRETT	MICHELE	88,213
GATES	GLENDA	100,675
GATES	JILL	74,601
GATZKE	JASON	181,299
GERARD	YOLANDE	59,619
GIESBRECHT	BRADFORD	78,060
GIESBRECHT	ANGELA	68,013
GIESBRECHT	BRIANNE	52,529
GILBERT	CHARLOTTE	50,267
GILLANDERS BELL	TARA	94,556
GILLIS	DOROTHY	53,827
GINTER	LAURA	63,739
GIRRIOR	CHELSEA	67,905
GLAS	ASHLEY	66,311
GODDARD	SUSANNE	71,973
GOHRI	AQUEL	53,503
GOLD	KARLA	102,223
GOLDEN	BARBARA	95,132
GOLDIE	GAIL	50,322
GONZALES	BOBBY	53,936
GONZALES	WENNIE	52,652
GORDON	MARIANNE	88,571
GOUDY LODOEN	LAURA	112,871
GOVENDER	RAJAN	334,605
GRAHAM	MEAGAN	74,534
GRAND	KAREN	82,219
GRANT	GREGORY	124,838
GRANT	JANELL	94,407
GREEN	STEPHANIE	102,080

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

GREENLAY	SHARLEEN	55,359
GROTH	TAYLOR	93,110
GROVES	BRENDA	115,554
HAIDT	NICOLETTE	93,240
HALDERMAN	PEOTTA	100,044
HALL	TRISHA	72,917
HALVORSON	CINDY	73,445
HAMM	DONNA	78,594
HANNA	SHANNON	75,220
HANNA	MEGHAN	62,355
HANNAH	KERRI LYN	77,998
HARDER	MYRNA	68,307
HARDY	TRICIA	97,259
HARRISON	YOLANDA	75,803
HARRISON	SARAH	68,587
HART	SHELLY	99,492
HAUBRICH	YVONNE	90,353
HAWKINS	KRISTIN	94,828
HEINRICHS	LORRAINE	125,683
HEINRICHS	MORAG	78,380
HEINRICHS	MARLENE	52,820
HENDERSON	CHANTAL	99,164
HENNIG	JENNIFER	94,414
HERMIZ MARKHO	ALEN	83,387
HERTER	MELISSA	69,198
HILDEBRAND	CAROL	100,254
HILDEBRAND	TALITA	54,268
HILDEBRAND	CAROLYN	53,975
HILTS	ELAINE	85,039

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

HITTEL	CLARA	83,299
HODGSON	MARYANN	94,466
HOLDERBEIN	SHARLENE	93,445
HOLDING	CARA	50,400
HOLENSKI	SHELLY	50,007
HOLMES	PEGGI	106,776
HOLOHAN	ADRIANA	95,517
HOQUE	MOHAMMED	364,414
HORNUNG	SHERRY	131,320
HORST	SHELLY	52,825
HOUDE	IRENE	60,134
HOVDESTAD	RENEE	113,182
HOWDEN	ROBIN	77,286
HOWELL	MARY ROSE	64,223
HUNTER	TIMOTHY	87,821
HYATT HIEBERT	RACHEL	89,714
ILLERBRUN	GLORIA	235,574
ILLERBRUN	PATRICIA	74,917
IRVING	JODIE	102,651
JACKSON	SHARI	50,785
JANIS	PENNY	59,144
JARLIGO REIMER	KENNET	81,171
JHAND	SATBIR	76,670
JOHNS	FLORENCE	50,525
JOHNSON	NORMA	58,269
JOHNSON	LAURIE	53,169
JOHNSTON	NICKEY	73,187
JOHNSTON	JOSEPHINE	66,435
JONES	TRACEY	97,446

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more

JONES	LINDA	53,928
KALINOWSKI	DAWN	114,046
KANNENBERG	TYLER	101,543
KAPUSTA	MICHAEL	223,788
KASSETT	SURESH	58,384
KEHLER	ROXANNE	93,827
KEHLER	SARA	53,701
KEMP MUSHANSKY	ERIN	59,899
KENNEDY	LINDA	92,151
KERN	ANNETTE	55,323
KESSY	CONNIE	83,911
KIEL	MARLA	50,322
KILCHER	NORMA	111,758
KING	ROBERT	74,239
KING	ELLEN	53,607
KIRK	MICHELLE	77,844
KLAASSEN	TODD	67,514
KLASSEN	PAMELA	85,421
KLASSEN	DIANA	63,291
KLASSEN	PAMELA	57,709
KLASSEN-WINDOVER	HEATHER	50,783
KLEIN	PATRICIA	78,203
KNAKOSKE	SUSAN	63,901
KNIPPSHILD	KAREN	86,428
KNIPPSHILD	KERRI	52,020
KNOWLTON-BRODZIAK	SHELLY	86,694
KNOX	LISA	77,037
KNOX	CATHERINE	75,953

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

KOELLMEL	HEATHER	85,616
KOWALCHUK	KIMBERLY	68,154
KRAUSE	MARILYN	93,146
KRUSE	KIM	70,275
KUNTZ	LORALEI	50,827
KURNEY	CHRISTI	50,467
LACSON	MELINDA	70,452
LAFONTAINE	ANGELA	84,885
LAIRD	MERCY	91,932
LAMONTAGNE	ESTHER	53,128
LAQUA	CHELSEA	63,842
LARSON	JANELLE	54,139
LAVALLEE	IRENE	55,045
LEIFSON	PAMELA	84,152
LEISLE	LAURA	52,699
LEMAY	LYNDA	96,476
LENUIK	PHYLLIS	55,243
LESLIE	DONNA	94,563
LEVORSON	DENISE	101,954
L'HEUREUX	JOAN	101,536
LINDSAY	BARBARA	75,369
LINES	ALEXIS	53,330
LJUNGGREN	BERYL	62,203
LONGMORE	DEBRA	87,438
LOUWRENS	PIERRE	373,368
LOVESTONE	SHERRI	71,236
LOWE	RICKY	103,909
LOWE	LINDA	91,734
LOZINSKI	FIONA	67,319

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

LUBEGA	BETTY	74,300
LUBEGA	BONIFACE	442,907
LUCHENSKI	SHELLY	95,155
LUNDBERG	LYNN	55,648
MACEACHERN	MAGGIE	81,240
MACMILLAN	ALLISON	61,276
MACNEIL	JESSICA	54,428
MACWILLIAM	CORNELIA	119,561
MADLAND	LAURA	84,842
MAINES	LORRAINE	63,190
MAKINDE MEDICAL PROF	KABUYA	90,913
MALASKY	PATRICIA	59,022
MALLECK	NASEEM	575,623
MARCUS	INES	75,612
MARTENS	TANYA	91,707
MARTIN	BRYCE	137,309
MARTIN	RHONDA	54,586
MASON	TAMMY	97,171
MATTHIES	SCOTT	112,636
MAURER	WANDA	55,018
MAXNER	AMANDA	93,041
MAY	LEAH	53,276
MCARTHUR	KARLA	97,154
MCBLAIN	MARLENE	54,882
MCCLELLAND	HEATHER	59,134
MCCLOSKEY	JANELLE	70,416
MCCONNELL	MIKE	77,756
MCCONNELL	ANDREA	69,438
MCCOY	KRYSTAL	50,048

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

MCCUAIG	JILL	108,575
MCKAIG	CRYSTAL	61,197
MCLANE	SAMANTHA	52,130
MCNABB	CORRINE	79,251
MESSMER	VELMA	51,968
METZ	HEIDI	51,383
MEYER	ERLA	130,142
MILANINEZHAD	ALIREZA	91,256
MILLAR	MIKKI	105,680
MILLER	SHERRY	109,774
MINKEN	COLLEEN	57,030
MISSON	JANET	118,958
MOAT	MICHELLE	60,210
MOBERG	TERRI	111,581
MOBERG	HEATHER	101,782
MOBERG	SHERRY	70,342
MOEN	ALICE	84,855
MOIR	MARY	53,504
MONK	CRYSTAL	111,550
MONTGOMERY	MORGAN	83,959
MOORE	CHARMAINE	58,152
MOORHEAD	WENDY	52,880
MORCK	EUNICE	83,307
MOREY	CINDY	53,540
MOSER	LILY ANNE	77,804
MOZOL	AMANDA	64,169
MUDINGAY	KABUYA	334,034
MUDRY LAUTSCH	MARILYN	93,694
MULLA	AMITH	121,308

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

MUMBY	DEBRA	51,931
MUNROE	ROBIN	120,437
MURCH	FRANCES	101,000
MURDOCH	JENIFER	73,937
MURPHY	BARRY	77,754
MUZYKA	ANGELA	108,988
NAGEL	NANCY	72,014
NAGEL	CHERYL	57,103
NAIDOO	NEELANDRAN	334,532
NAPPER	SHANNON	105,414
NAVICKAS	ARIAN	86,310
NELSON	LISA	85,069
NEUDORF	NANCY	51,735
NEUSTAETER	WESLEY	60,470
NEVARD	M FERN	93,061
NEWTON	CURTIS	79,686
NEWTON	MICHELLE	68,235
NOGUE	LEAH	51,263
NONGAUZA	GRACE	92,842
NONGAUZA	JARRETT	555,745
NORDIN	COLLEEN	60,537
NORRIS	MICHELLE	58,532
NYSTROM	ANGELINE	55,132
OAKEY	DARCIE	73,488
OBAYAN	ADEBOLA	61,515
O'FARRELL	RHONDA	51,518
OJO	ALABA	932,302
OLFERT	CARLEY	93,479
OLFERT	MICHELLE	84,924

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

OLFERT	CAMILLA	76,612
OLFERT	VICTORIA	62,022
OLFERT	GLORIA	50,508
OLMSTED	PATRICIA	93,168
OLSGARD	KATHRYN	50,304
OLSON	ANGELA	90,379
OLSON	KRISTA	79,123
OLSON	LANETTE	55,724
OMAN	LORI	57,215
ORTEGA	TOMMI LYN	73,205
ORTMAN	JOAN	101,421
OSADCZUK	AMANDA	60,376
OSTRANDER	PHYLLIS	63,009
PALANGI	MONGA-N'DIMO	358,066
PALMIER	DEANNA	129,561
PANIMDIM	AMILYN	70,064
PANKEVICH	ZHANA	79,656
PARDILLO	JOVELYN	51,130
PATEY	PAIGE	53,609
PAUL	LEONA	79,500
PAUL	KRISTEN	58,925
PAUL	GWEN	57,791
PAULSON	LORNA	115,084
PAVELY	TAMI	66,489
PEDERSON	VERNA	89,337
PENNER	MARY JEAN	96,854
PENNER	CAROLYN	65,876
PENNER	ROCKY	55,774
PERRIN	GRANT	89,015

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

PERRIN	CYNTHIA	84,335
PESKLEWAY	MELANIE	50,564
PETERS	ELEANOR	98,203
PETERS	EUNICE	84,420
PETINRIN	ADEWALE	133,947
PFEIL	JOANNE	78,076
PHILIP	CYNTHIA	83,850
PHILLIPS	GEORGINA	76,122
PILKEY	LAURIE	95,755
PLATT	DONNA MAR	80,154
PLEWIS	LORRIE	66,067
POINTER	JILLIAN	50,255
POMMIER	KAREN	53,081
POMPU	THERESA	72,233
PORRAS	HERMILA	53,649
POWDER	LORENA	79,518
POWELL	FAY	52,134
POWER	TANYA	89,565
PROTEAU	MONIQUE	69,586
PURVES	TAMMY	102,062
QUENNELL	MONA	52,056
RACKOW	ELIZABETH	103,410
RACKOW	BARON	83,391
RADEVSKI	IVO	446,777
RAHMANI	ROOZBEH	321,319
RANDELL	KATELYN	88,699
RAYMOND	SIGNE	116,211
REAMER	KENDIE	84,488
REDEKOP	CONSTANCE	52,153

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below*) which total $50,000 or more.

REGIER	TRENTON	156,761
REGIER	LILLIAN	50,002
REICH	KARI	51,041
REID	LYNN	74,084
REIFFERSCHEID	CHRISTOPH	51,017
REIMER	MELISSA	97,607
REIMER	BRIAN	68,048
REIMER	LISA	53,538
REINBOLT	BARBY	108,929
REINHART	KRISTIN	56,907
REMPEL	MARGARETE	99,003
REMPEL	MAUREEN	87,253
RENWICK	MARY	91,468
RESLER	ASHLEY	63,586
RICE	JOANNE	82,634
RICHARDSON	CHRISTINA	76,458
ROBERTS	ERIN	108,316
ROCHE	RACQUEL	109,145
ROSS	MELISSA	52,293
ROSVOLD	GEELA	50,540
ROUSE	DONNA	75,266
ROUSSEAUX	KELLY	51,945
RUDD	KENNETH	142,445
RUSCHKOWSKI	JOY	57,608
RUTEN	ANNETTE	68,407
SABRI	ALI	184,806
SAGADAHL	ANITA	143,083
SALIMPOUR	VAHID	193,940
SAMOLESKI	SHAYLA	82,440

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

SANDERSON	MANDIE	75,547
SATHER	CASSIDY	84,903
SAUDER	KIMBERLY	50,874
SAUFERT	SHEENA	62,804
SAVOY	EFFIE	207,961
SAWATSKY	MARY GRAC	50,515
SAWATZKY	KRISTA	55,249
SAYMO	JAPHETH	93,201
SCHAFER	DELVINA	56,245
SCHEIER	CORINNE	50,211
SCHELLENBERG	VIVIAN	94,318
SCHERGER	KATHY	93,814
SCHERGER	KACIE	66,746
SCHICK MYHR	NATJA	56,061
SCHINDEL	BEVERLEY	74,502
SCHMIDT	ROWLAND	109,972
SCHNEIDER	SHELLEY	90,551
SCHNEIDER	DEBRA	72,993
SCHULTZ	ABBY	100,482
SCHULTZ	CARRIANNE	68,017
SCHULTZ	BRITTANY	51,142
SCHWAN	BRENDA	262,062
SCHWAN	JEFFREY	134,357
SCHWARTZ	ASHLEY	98,538
SCOTT	CAROL	73,303
SCOTT	LYDA	62,783
SCOTT	LALIA	60,997
SCOTT	WILLIAM	53,349
SEBO	DELORES	55,191

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

SEKERAK	DEBRA	84,166
SELVIG	LAURIE	50,122
SERWADDA	ROSEMARY	159,029
SHAW	BONNIE	90,873
SHOTTER	MICHAEL	117,365
SIGURDSON	ESTHER	118,490
SILVEIRA	SERGIO	65,379
SILZER	SHERRI	52,472
SIMPSON	ERIN	71,100
SINGH	LORETTA	83,478
SLATER	CHANEL	54,712
SLETTEN	DEANNA	96,802
SLUSAR	NELSON	60,414
SMART	MAXINE	89,820
SMITH	TIANNA	93,786
SMOUT	ALICE	92,890
SMUK	GREGORY	94,055
SMUK	CONNIE	75,960
SNOW	BRITTANY	50,129
SONEN	CYNTHIA	73,989
SOOS	ERIN	79,208
SOURWINE	TAMARA	52,028
SPADY	JANAINA	61,619
STEARNS	LINDA	58,279
STEENBERG	LOURENS	110,764
STEENKAMP	JAKOBUS	152,051
STEVENS	AMANDA	72,734
STEVENSON	DANIEL	105,962
STEVENSON	JILL	85,300

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

STEWART	RAELENE	92,448
STOCK	NORMA	53,266
STOCK	TRACY	52,418
STOLSON	SUSAN	94,189
STRICKER	ROSALYN	73,480
STRINGER	SUZANNE	109,837
STUART	TARRA	101,074
SWANSON	KIMBERLY	95,626
SWICA	LESZACK	443,081
TALAGA	D LORES	92,002
TARDIF	MARY	82,172
TAYLOR	BRENDA	64,738
THERRIEN	JANICE	94,117
THERRIEN	JOANNE	68,863
THERRIEN	JUSTIN	52,324
THORESON	EDNA	53,594
THORING	BRITTANY	60,400
TONEY	CATHY	53,303
TORR MEDICAL P.C. INC.	DAVID	211,088
TOURIGNY	KRISTA	101,201
TRAPP	TRACEY	52,013
TRAUTWEIN	JOYCE	88,029
TREEN	JACQUALIN	83,787
TUCHSCHERER	STEPHANIE	72,037
TUMBACH	JANNA	176,028
TURNER	KELLI	91,786
TURNER	ASH	71,900
TURTON	KAREN	68,125
UDAL	SUZANNE	54,011

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

UNGER	MALLORY	58,822
UY	NARATH	95,857
VACHON	ELISABETH	300,739
VALLEE	SUSAN	101,211
VAN BREDA	ALTA	191,236
VAN DER BERG	NICOLAAS	184,022
VAN LEUKEN	SASHA	77,647
VANCE	NICOLE	85,673
VANDER HEIDEN	SARA	71,141
VANDERSTEEN	ALINE	60,296
VANSTONE	JACQUELIN	112,443
VENKATA	PRASAD NARASIMHA	399,526
VILLALOBOS	IMELDA	56,602
WAGNER	BRITTANY	90,218
WAGNER	CLAYTON	58,146
WAGNER	WENDY	55,235
WAGNER	DONNA	51,638
WALL	JOAN	74,449
WALLIN	RACHEL	50,826
WARBERG	DENNETTA	50,757
WARD	TREVOR	57,711
WARDER	BRENDA	91,669
WASKO	KYLIE	72,563
WASKO	KEVIN	281,556
WATSON	JERRI BET	78,513
WATSON	PATRICIA	77,761
WATTS	MOLLY	82,186
WATTS	LEANNE	81,437
WEBBER	RHONDA	58,982

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

WEBER	KEN	83,875
WEBER	RHODA	74,141
WEEDON	JILLIAN	86,647
WEINBENDER	SHIRLEY	52,328
WEISS	SHELBY	84,053
WELLS	CAROL	128,683
WELLS	CASSANDRA	73,637
WELLS	LAUREN	65,295
WELLS	CAROL ANN	53,443
WELLSCH	JULIE	76,621
WELSH	LAURA	73,415
WELWOOD	RAYNA	77,476
WENGER	LAURA	61,345
WENZEL	COLETTE	97,647
WEPPLER	BRENDA	101,977
WEPPLER	STACEY	65,472
WHARTON	TERRY	258,715
WHITE	LAURA	67,110
WHITE	JUDY	52,306
WIEBE	MARION	90,737
WIEBE	SHARI	82,826
WIEBE	TIA	79,493
WIEBE	RACHEL	74,762
WIEBE	TRACY	56,973
WIEBE	ESTHER	50,522
WIENS	KAREN	109,367
WIG	LAURIE	91,331
WILDIN	ASHLEY	59,232
WILLMAN JOHNSTON	RHONDA	91,550

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

WILLS	SHIRLEY	57,685
WILSON	WENDY	122,376
WILSON	LORELEI	75,435
WILSON	PATRICIA	72,630
WILSON	BRITTANY	69,163
WINQUIST BANG	BRANDACE	95,157
WINSOR	WILLIAM	75,583
WISHART	AMANDA	54,905
WITTAL	NANCY	64,999
WOELK	VALERIE	100,576
WONG	AUDRA	66,390
WOODS	MARYANN	100,222
WOODS	LAVONNE	91,884
WOODWARD	MICHELLE	70,521
WOTHERSPOON	DONNA	99,430
WOTHERSPOON	KRISTEN	74,997
YATES	MORGAN	74,410
YATES	KELLIE AN	58,764
YOUNG	SHERRY	103,980
YOUST	RAELENE	79,964
ZACHARIAS	BRANDI	66,139
ZACHARIAS	CAROLYNN	66,016
ZACHARIAS HEUER	VERNA	59,735
ZANIDEAN	VANESSA	83,131
ZELLER-BEDARD	WANDA	63,096
ZILLMAN	KALA	77,595

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *79* for details on what is included in the amounts below).

3S HEALTH	623,333
A.M. DELIVERY & COURIER SERVICE	53,319
ABBOTT LABORATORIES	53,280
ALCON CANADA INC.	467,310
AODBT	161,163
ARJOHUNTLEIGH	104,073
BARD CANADA INC.	72,004
BAXTER CORPORATION	105,546
BECKMAN COULTER	206,713
BIOMED RECOVERY & DISPOSAL LTD	87,266
BIO-RAD LABORATORIES	67,262
CARDINAL HEALTH CANADA	736,721
CARPET ONE FLOOR AND HOME	76,170
CHARIS MEDICAL	246,431
CHERRY INSURANCE INC.	262,181
CHINOOK REFRIGERATION	63,438
CIRCA OFFICE INTERIORS LTD	85,284
CITY OF SWIFT CURRENT	569,698
CLARION MEDICAL TECHNOLOGIES INC.	181,698
CONCENTRA FINANCIAL	71,228
COUNTRY CLUB DISTRIBUTORS	317,578
COVIDIEN SURGICAL	402,941
CPDN/LYNDEN LOGISTICS	427,896
CUMMINS WESTERN CANADA	53,796
DELL CANADA INC.	97,173
DR NOBLE IRWIN FOUNDATION	67,851
DYNALIFE DX	743,408
ECOLAB LTD	104,000
EHEALTH SASKATCHEWAN	240,183
FLAME TECH SERVICES INC.	130,623
FRONTIER AMBULANCE	209,988
G.E. HEALTHCARE CANADA INC MDX	405,842
GRAHAM CONSTRUCTION & ENGINEERING	15,671,741
GRAND & TOY LTD.	167,491
GREAT PLAINS COLLEGE	71,931
GREAT WEST LIFE	463,197
GS MANUFACTURING	72,605
HBI OFFICE PLUS INC.	294,977
HEALTH SCIENCES ASSOCIATION OF SASKATCHEWAN	92,038
HILL-ROM CANADA LTD.	963,295
HIROC MANAGEMENT LIMITED	96,525
HOSPIRA HEALTHCARE CORP	448,469

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *79* for details on what is included in the amounts below).

INSIGHT CANADA	72,330
INSTRUMENTATION LABORATORY	83,915
INTRIQUIP INSTRUMENTS	66,970
JOHNSON & JOHNSON CLINICAL	132,226
JOHNSON & JOHNSON MEDICAL	56,292
KNUDSEN EXCAVATING	148,316
LOGIBEC INC	76,030
LONDON LIFE INSURANCE COMPANY	56,095
MACPHERSON, LESLIE & TYERMAN	119,518
MARSH CANADA LTD	154,560
MASTERCARD	306,521
MCKERRACHER SERVICES	132,365
MCKESSON CANADA - PRIMARY	338,461
MCKESSON DISTRIBUTION PARTNERS	236,041
MEDI-TECH 1287189 ALBERTA LTD.	66,331
MINISTER OF FINANCE	68,347
MINISTRY OF CENTRAL SERVICES	765,630
MODERN NIAGRA	341,408
OFFICE OUTFITTERS	57,662
OLYMPUS CANADA INC.	125,144
ORTHO-CLINCAL DIAGNOSTICS	202,064
PHYSIO CONTROL	53,223
PIONEER CO-OP	107,762
PROVINCIAL PUBLIC SAFETY	82,816
PUBLIC EMPLOYEE PENSION PLAN	186,574
PYRAMID PROPERTY MANAGEMENT	59,324
RADIOLOGY ASSOCIATES OF REGINA	382,823
RECEIVER GENERAL	17,549,642
REGINA QU'APPELLE HEALTH REGION	899,840
REGINA QU'APPELLE-EMS	80,640
ROCHE DIAGNOSTICS	50,906
SAHO - DENTAL	946,689
SAHO - DISABILITY INCOME PLAN	1,544,807
SAHO - ENHANCED HEALTH PLAN	1,980,054
SALUS GLOBAL CORPORATION	169,250
SAPUTO	166,731
SASK ENERGY	658,899
SASK HOUSING CORP	199,146
SASK POWER	888,158
SASKATCHEWAN ASSOCIATION HOSPITAL ORGANIZATIONS	120,881
SASKATCHEWAN HEALTH EMPLOYEES PENION PLAN	12,144,316
SASKATCHEWAN REGISTERED NURSES ASSOCIATION	125,753

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *79* for details on what is included in the amounts below).

SASKATCHEWAN UNION OF NURSES	317,042
SASKTEL CMR	509,572
SCHAAN HEALTHCARE PRODUCTS	1,156,110
SELECT MEDICAL CONNECTIONS LTD.	361,754
SERVCE EMPLOYEES INTERNATIONAL UNION	617,102
SERVICE MASTER OF SWIFT CURRENT	105,788
SIEMENS CANADA DX	125,131
SIMS SASKATOON INSTITUTE FOR MEDICAL SIMULATION	129,038
STANTEC ARCHITECTURE LTD.	334,817
STERIS CANADA LTD.	146,647
STEVENS COMPANY LTD.	170,286
STRYKER CANADA INC.	241,067
SUPERIOR VACUUM & JANITORIAL SUPPLIES	56,349
SUPREME BASICS	96,203
SWIFT PLUMBING & HEATING	70,159
SYSCO FOOD SERVICES-WEST INC	1,519,975
TAB PRODUCTS OF CANADA	66,941
TREEN PACKERS LTD	72,504
VITALAIRE // GASES	70,815
WALKER PLACE	62,459
WALLACE CONSTRUCTION	139,590
WASTE MANAGEMENT	65,777
WOOD WYANT CANADA INC	190,037
ZW PROJECT MANAGEMENT INC.	407,196

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *79* for details on what is included in the amounts below).

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2015

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more (Refer to Page *79* for details on what is included in the amounts below).

CANADIAN MENTAL HEALTH	$ 145,707
FOYER ST. JOSEPH NURSING HOME	1,911,917
FRONTIER AMBULANCE	211,581
GULL LAKE AMBULANCE	218,541
MCKERRACHER SERVICES	130,378
PONTEIX AMBULANCE	255,183
SWIFT CURRENT and DISTRICT AMBULANCE SERVICES LTD	1,051,903
VAL MARIE AMBULANCE	148,717

2014 2015

APPENDIX C

SASKATCHEWAN MINISTRY OF HEALTH INFORMATION:

LEAN – SASKATCHEWAN HEALTHCARE MANAGEMENT SYSTEM:

Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system. It is unique in that it engages and empowers employees to generate and implement innovative solutions, and to fundamentally improve the patient experience on an ongoing basis.

Saskatchewan is the first province in Canada to apply Lean across the entire health care system, putting patients and families first by focusing on better health, better care, better value, and better teams.

For more information on Lean in Saskatchewan health care please visit:

http://www.saskatchewan.ca/live/health-and-healthy-living/health-care-provider-resources/saskatchewan-health-initiatives/lean

For complete information on Lean in the Cypress Health Region please visit:

www.cypresshealth.ca/lean

SASKATCHEWAN COVERED POPULATION REPORT

The *Saskatchewan Covered Population Report* is published annually by Saskatchewan Health and is a count of all persons who held Saskatchewan health coverage on June 30th of that specific year. The Covered Population is not a census since it only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th. The report is publicly accessible at http://population.health.gov.sk.ca/.

STRATEGIC PRIORITIES

The provincial government's *Ministry of Health Plan for 2015-16* outlines Saskatchewan's plan for the health system. The report includes outcomes, improvement targets, and actions for the upcoming 2015/16 fiscal year, as well as various data offerings such as 'number of patients waiting longer than three months for surgery'. The report is available for public access and can be found at http://www.finance.gov.sk.ca/Plansfor2015-16.

PRIMARY HEALTH CARE

Primary Health Care (PHC) is the everyday care we need to protect, maintain or restore our health. For most people, it's the first point of contact with the health care system and the most frequently used health service. PHC accounts for up to 80% of encounters with the health system. For more information on Primary Health Care in Saskatchewan please visit https://www.saskatchewan.ca/live/health-and-healthy-living/manage-your-health-needs/primary-health-care.

CYPRESS HEALTH REGION INFORMATION:

THE SOURCE

The Cypress Health Region publishes a quarterly publication, *The Source,* to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at: http://www.cypresshealth.ca/page.php?id=107

POPULATION HEALTH REPORT, 2011

In 2011 the Cypress Health Region released its *Population Health Report*. The report brings the region more up to date with where the health of its population lies, and what health priorities need to be focused on. This health status report highlights some of the major health issues in the region, mostly over the period between 2005 and 2009 as this is the data that was currently available.

An electronic version of the complete *Population Health Report, 2011* is available at:
http://www.cypresshealth.ca/page.php?id=105

MATERNAL, INFANT, CHILD HEALTH REPORT, 2014

The first six years of a child's life are vital to lifelong health. A child's early experiences and exposures will largely predict future health and success. The *Maternal, Infant, Child Health Report, 2014* was developed by Cypress Health in 2014 and provides an important evidence base that will help the Region's leadership and management teams to better understand areas of strength and areas where further support is of benefit.

An electronic version of the complete *Maternal, Infant, Child Health Report, 2014* is available at:
http://www.cypresshealth.ca/page.php?id=105.

COMMUNITY PLANNING REPORTS

Community Planning Reports have been developed for the communities of Ponteix and Cabri through the Community Planning Process through Primary Health Care. The reports include health needs of each area, prioritized health needs, and community engagement measures on how to address the identified priorities.

Electronic versions of the completed Community Planning Reports for each community are available at:
http://www.cypresshealth.ca/page.php?id=105

LONG TERM CARE PATIENT EXPERIENCE REPORT, 2014

The *Cypress Health Region Long Term Care Patient Experience Report, 2014* describes how we are doing, from the observations of the family of Long Term Care (LTC) residents, on various aspects of care. Results are presented for all of the LTC facilities in the Cypress Health Region according to chapters representing the themes in the survey.

An electronic version of the complete *Long Term Care Patient Experience Report, 2014* is available at: http://www.cypresshealth.ca/page.php?id=105

CYPRESS REGIONAL HOSPITAL PATIENT SERVICES DIRECTORY

The Cypress Health Region has developed a *Patient Services Directory* for its Regional Hospital. The directory highlights the programs and services that are available in the facility and are offered to each inpatient upon registration. Additionally, display racks are strategically placed throughout the facility for public consumption.

An electronic version of the complete *Patient Services Directory* is available at: http://www.cypresshealth.ca/page.php?id=125

BUILDING EXCELLENCE IN RURAL HEALTH

The Cypress Health Region created a section of its website dedicated to capital projects. This section, known as *Building Excellence in Rural Health*, can be viewed at the following web url: http://www.cypresshealth.ca/page.php?id=199

The Building Excellence in Rural Health area of the website includes up-to-date details on the Region's capital projects in Leader, Maple Creek, and Swift Current.

FACILITY ASBESTOS REGISTRY

The Cypress Regional Health Authority has taken action to ensure that asbestos containing material is contained and is not a risk to the workers and public. Assessments have been completed on all patient care facilities and complete details are available on the Cypress Health Region's website at the following link: http://www.cypresshealth.ca/page.php?id=242.

SASKATCHEWAN HEALTH QUALITY COUNCIL (HQC):

HOSHIN KANRI

Hoshin Kanri is an approach to planning that involves identifying a common vision, selling short- and long-term goals, tracking progress towards these goals, and changing course as required. Saskatchewan is using Hoshin Kanri to plan and deliver health care in a more coordinated way. HQC is playing a key role in the Hoshin Kanri process in Saskatchewan.

To read more about the involvement of HQC in Hoshin Kanri please visit http://hqc.sk.ca/improve-health-care-quality/hoshin-kanri/. For complete details on Hoshin Kanri in the Cypress Health Region please visit www.cypresshealth.ca/hoshinkanri.

QUALITY INSIGHT

Quality Insight is a source of information on the quality of health care in Saskatchewan. While it is primarily designed for health care providers, managers, and leaders to support their work in making our system better and safer for Saskatchewan residents, it also provides the public with access to information about how our health system is performing.

The Cypress Health Region has been a provincial leader in making its data available to the general public through *Quality Insight*.

http://www.qualityinsight.ca

BETTER

Better shares the story of how Lean is making health care better and safer in Saskatchewan. It is a blog-based website that includes Lean news, Qreview, Media Buzz, and multimedia.

http://blog.hqc.sk.ca

CYPRESS HEALTH REGION

Regional Office: 429 4th Avenue NE, Swift Current SK S9H 2J9
*** Phone: (306) 778-5100 or Toll Free 1-888-461-7443 * Fax (306) 773-9513 * Email: info@cypressrha.ca**

www.cypresshealth.ca Refer to website for complete phone directory

AMBULANCE SERVICES

EMERGENCIES DIAL	9-1-1
HEALTHLINE	**8-1-1**

COMMUNITY HEALTH SERVICES

ALL SERVICES

Swift Current	306-778-5280
Rural Areas	1-866-786-2510

ADDICTIONS/MENTAL HEALTH

Swift Current	306-778-5280
Rural Areas	1-866-786-2510
After Hours (Mental Health)	306-778-9522

PUBLIC HEALTH - NURSING/INSPECTIONS

Swift Current	306-778-5280
Rural Areas	1-866-786-2510

HEALTH CENTRES

Border Health Centre (Climax)	306-293-2222
Eastend Wolf Willow Health Centre	306-295-3534
Gull Lake Health Centre	306-672-4700
Hodgeville Health Centre	306-677-2292
Ponteix Health Centre	306-625-3382
Prairie Health Care Centre (Cabri)	306-587-2623
Prairie View Health Centre (Mankota)	306-478-2200
Vanguard Health Centre	306-582-2044

HOME CARE SERVICES

Cabri	306-587-2921
Climax	306-293-2241
Eastend	306-295-3834
Gull Lake	306-672-4707
Herbert	306-784-2466
Hodgeville	306-677-2292
Leader	306-628-3164
Mankota	306-478-2339
Maple Creek	306-662-5333
Ponteix	306-625-5103
Shaunavon	306-297-1989
Swift Current	306-778-9531
Vanguard	306-582-2044

*Concerns, Compliments, Comments...
Email: comments@cypressrha.ca
or Call (306)778-5115 or 1-888-461-7443

*Temporary Disruptions
Call 1-888-461-7443

HOSPITALS

Cypress Regional Hospital	306-778-9400
Day Surgery	306-778-9419
Diagnostic Imaging	306-778-9457
Emergency	306-778-9412
Health Records	306-778-9440
Intensive Care Unit (ICU)	306-778-9413
Laboratory	306-778-9563
Medical/Surgical Floor	306-778-9400
Mental Health Unit	306-778-9522
Pre-Surgical Screening	306-778-9530
Social Work	306-778-9484
Therapy Services	306-778-9449
Women & Children Health Services	306-778-9418
Herbert & District Integrated Health Facility	306-784-2466
Leader Hospital	306-628-3845
Shaunavon Hospital & Care Centre	306-297-2644
Southwest Integrated Healthcare Facility (Maple Creek)	306-662-2611
Health Records	306-662-5802

LONG TERM CARE

Eastend Wolf Willow Health Centre	306-295-3534
Foyer St. Joseph Nursing Home (Ponteix)	306-625-3366
Gull Lake Special Care Home	306-672-4701
Herbert & District Integrated Health Facility	306-784-2466
Palliser Regional Care Centre (Swift Current)	306-778-5160
Prairie Health Care Centre (Cabri)	306-587-2623
Prairie Pioneers Lodge (Swift Current)	306-778-5192
Prairie View Health Centre (Mankota)	306-478-2200
Shaunavon Hospital & Care Centre	306-297-1980
Southwest Integrated Healthcare Facility (Maple Creek)	306-662-2611
Swift Current Care Centre	306-773-9371
Western Senior Citizens (Leader)	306-628-3565

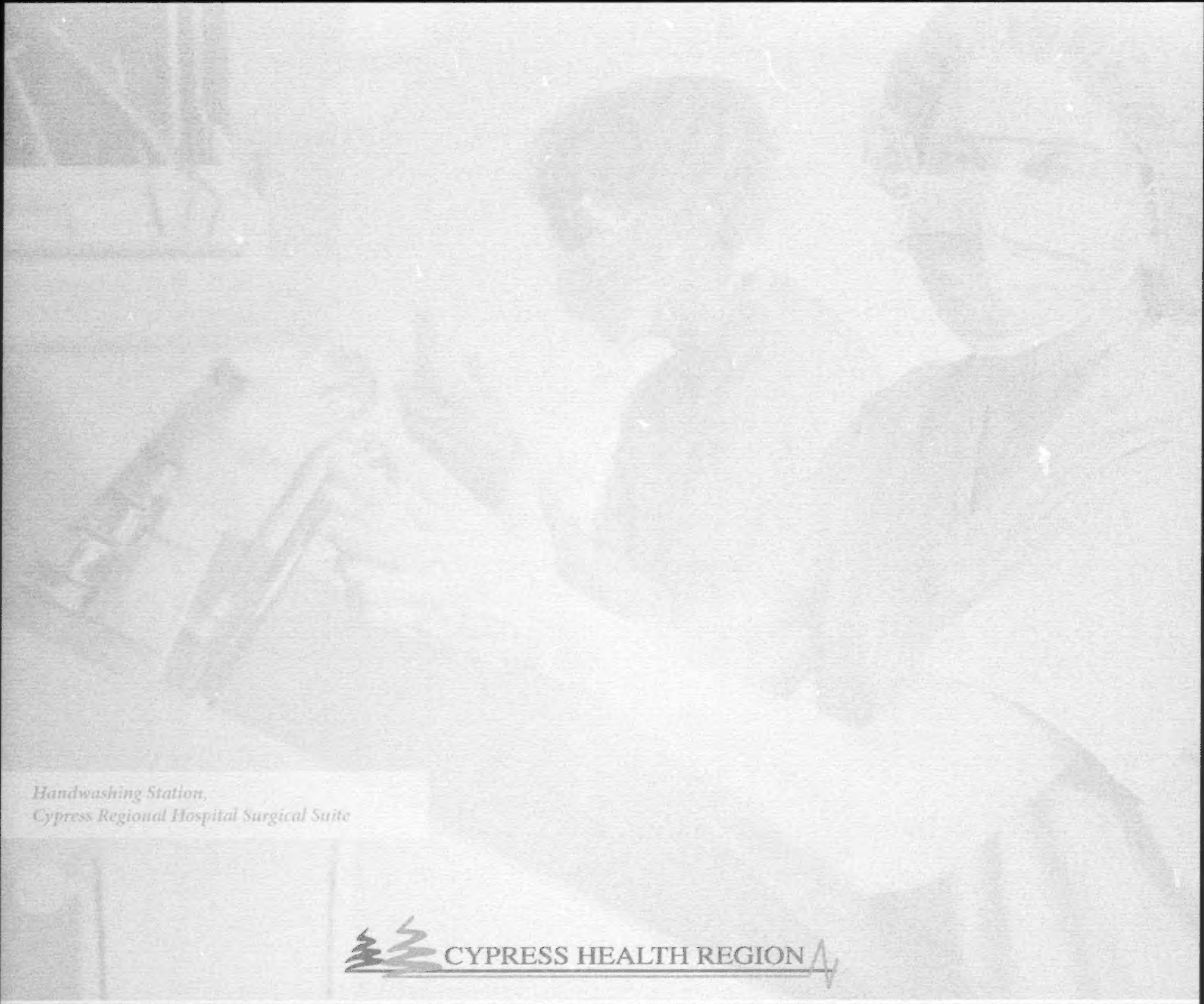
PRIMARY HEALTH CARE CLINICS

Eastend	306-295-4184
Hodgeville	306-677-2292
Leader	306-628-4584
Mankota	306-478-2294
Maple Creek	306-662-2829
Ponteix	306-625-3382
Shaunavon	306-297-1940
Vanguard	306-582-2044

SOUTHWEST TRAUMATIC EVENTS RESPONSE

TEAM (TERT)	306-778-5280
(After Hours)	306-778-9522

HealthLine 811
HEALTHLINEONLINE.CA



Handwashing Station,
Cypress Regional Hospital Surgical Suite

CYPRESS HEALTH REGION

CYPRESS HEALTH REGIONAL OFFICE

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